



REGULATIONS
FOR THE
MEDICAL DEPARTMENT,
HER MAJESTY'S FORCES,
BENGAL,
1882.



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Gangneung Station



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REGULATIONS AND ORDERS
FOR THE
MEDICAL DEPARTMENT, H.M.'S FORCES,
IN THE
BENGAL PRESIDENCY.



Government of India, Military Department.
SURGEON-GENERAL'S OFFICE, H.M.'S FORCES.

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and 187 of 1881, and Clauses 9 and 43 of 1882.

“The Bengal Medical Regulations, being now complete, will be henceforward the sole authority on all subjects to which they refer, and any alterations that may hereafter be necessary in the scales of hospital supplies, equipment, furniture, stores, &c., will, for the future, be made in these Regulations.”—*India Army Circulars, Clause 43 of 1882, paragraph 2.*



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MEDICAL REGULATIONS,

HER MAJESTY'S FORCES, BENGAL.

SECTION 1.—CONSTITUTION.

Section I.

I, II, III,
IV & V.

I.—General Constitution.	IV.—Executive Officers.
II.—Surgeon-General.	V.—Subordinate Medical Department.
III.—Deputy Surgeons-General.	
VI.—Army Hospital Native Corps.	

I.—General Constitution.

1. The medical department of Her Majesty's forces, Bengal, consists of—

- a. Administrative officers.
- b. Executive officers.
- c. Subordinate medical department.
- d. Army hospital native corps.

II.—Surgeon-General.

2. The surgeon-general is responsible for the administration of the medical service of Her Majesty's forces, Bengal, and in a general sense of the British forces throughout India.

3. He will be assisted by two secretaries, one from the Army and one from the Indian medical department.

III.—Deputy Surgeons-General.

4. These officers will be responsible, under the surgeon-general, for the medical administration of divisions and districts to which they may be appointed by the government of India.

IV.—Executive Officers.

5. The executive officers will be of the rank of—

- a. Brigade-surgeon.
- b. Surgeon-major.
- c. Surgeon.

Executive
officers.

These several grades will be available for the medical charge of hospitals, corps, staff, &c.

V.—Subordinate Medical Department.

6. This department is divided into two classes—

- a. Apothecary class, for duty with British troops, hospitals, depôts, &c.

Subordinate
medical
department.

Section 1.]

Constitution.

V & VI.

ARMY HOSPITAL NATIVE CORPS.

b. Hospital assistant class, for duty with native troops, hospitals, &c.

Apothecary class.

7. The grades of the apothecary class are—

a. Senior apothecary.

b. Apothecary—

1st class, after 5 years' service as apothecary.

2nd class, below 5 years' service as apothecary.

c. Assistant apothecary—

1st class, after 5 years' service as assistant apothecary.

2nd class, below 5 years' service as assistant apothecary.

d. Passed hospital apprentice.

e. Hospital apprentice.

Rank.

8. Senior apothecaries rank as first class, and apothecaries and assistant apothecaries as second class, warrant officers. Passed hospital apprentices, when in subordinate medical charge of a body of troops, will have temporary warrant rank as assistant apothecary whilst so employed.

Hospital assistant class.

9. The grades of the hospital assistant class are—

a. Hospital assistant—

1st class, of above 14 years' service as hospital assistant.

2nd class, of above 7 and under 14 years' service as hospital assistant.

3rd class, of under 7 years' service as hospital assistant.

b. Passed medical pupil.

c. Medical pupil.

Rank.

10. Hospital assistants rank below all native commissioned officers, and above all native non-commissioned officers.

VI.—Army Hospital Native Corps.

Army hospital native corps.

11. Hospital-attendants are divided into the following classes :—

a. Ward-servants.

b. Cooks.

c. Water-carriers.

d. Sweepers.

These classes will be available for duty in British hospitals only.

Grades.

12. Each class will be divided into three grades, *viz.*, 1st, 2nd, and 3rd grades.

SECTION 2.—DISTRIBUTION.

Section 2.

1. The officers and subordinates of the military medical service, and hospital-attendants of the army hospital native corps, will, Detailed for duty. subject to the supreme command of the commander-in-chief, be detailed by the surgeon-general, Her Majesty's forces, for duty in divisions and districts, and will be under the control of the deputy surgeon-general, both for discipline and professional supervision. Officers of the Indian medical service doing duty with native troops are under the control of the officers commanding the corps also.

2. They will not, except under exceptional circumstances, be Removal. removed from divisions or districts without the previous sanction of the surgeon-general.

3. They will be employed in general, station, regimental, staff, How employed. field, and lock hospitals; with troops in cantonments, in camps, and on field service; and on all such duties as the surgeon-general may decide.

4. The surgeon-general will nominate medical and warrant Appointments by surgeon-general. medical officers for the following appointments :—

- a. Deputy surgeons-general to particular divisions or districts, with the concurrence of the commander-in-chief and approval of the government of India.
- b. Medical and subordinate medical charge of general, station, regimental (including wings) and field hospitals, and of hospitals for soldiers' wives and children.

5. Deputy surgeons-general will nominate to all other duties, Appointments by deputy surgeons-general. forwarding a detail of all appointments, hospital assistants and hospital-attendants excepted, to the surgeon-general.

6. Medical officers, medical subordinates, and hospital-attendants Detached. detached from their divisions or districts on special duty, will, in the absence of instructions to the contrary, return thereto on the completion of the special duty.

7. When British troops march from one division or district Movements with corps. to another, the following staff will be detailed by the deputy surgeon-general to accompany it, and on completion of the duty will return to their own division or district :—

- 1 Medical officer.
- 1 Warrant medical officer, or passed hospital apprentice acting in the warrant grade.
- 1 Hospital assistant for cavalry regiments, and for horses, field, heavy and mountain batteries of royal artillery.
- 1 Ward-servant.
- 1 Cook.
- 1 Water-carrier.
- 1 Sweeper.

Section 2.]Distribution.

Distribution of
hospital-
attendants.

The permanant establishment of native troops will remain with the corps under all circumstances.

8. The distribution of hospital-attendants of the army hospital native corps to the several hospitals will be made in accordance with requirements of each, and will be regulated from time to time by deputy surgeons-general.

[NOTE.—*Sections and paragraphs to be quoted, and not pages.*]

SECTION 3.—ADMINISTRATION.

Section 3.

I & II.

I.—General Rules.
II.—Surgeon-General.

III.—Secretaries to Surgeon-General.
IV.—Statistical Officer.

V.—Deputy Surgeons-General.

I.—General Rules.

1. The sphere of medical administration of the army in the Bengal presidency embraces all stations occupied by British and Native troops, and all positions taken up by them, on service or otherwise, either within the command or in the neighbouring territories. Sphere of administration.

2. The full superintendence, professional and economic, of all military hospitals and dispensaries in the Bengal command devolves upon the administrative officers of Her Majesty's forces. Superintendence of hospitals.

3. Administrative officers are debarred from engaging in private practice, or from undertaking executive duties. Their duty consists in suggesting, supervising, and controlling sanitary measures and medical arrangements, and superintending the action of the executive. They are responsible that the best measures and arrangements which can be realised for the prevention and cure of disease are adopted within the area over which their control extends. General duties.

II.—Surgeon-General.

4. The surgeon-general, Her Majesty's forces, is directly subordinate to the government of India in the military department, and is not considered as being attached to army head-quarters. Subordinate to government.

5. He is entrusted with the control and superintendence of the military-medical service in Bengal; and questions relating to the health or sanitation of the troops in the command will be referred to him. Control.

6. He is charged with the command and administration of the army hospital native corps. Command of army hospital corps.

7. The posting of deputy surgeons-general will be arranged by him, with the concurrence of the commander-in-chief, and subject to the approval of the government of India; and he will, from time to time, and with due regard to economy, make such distribution of executive medical officers, the subordinate medical department, and army hospital native corps, as may be necessary. Responsibility for distribution of officers, &c.

8. He will, with the approval of government, make an annual inspection of such hospitals, barracks, camps, &c., in the command as he may deem desirable. Inspection of hospitals, &c.

9. He will furnish to the director-general of the army medical department, with the annual statistical returns of sick in the Medical report.

Section 3.]

Administration.

II, III, & IV.

STATISTICAL OFFICER.

command, a general medical report of the sickness and mortality among the British troops in the Bengal presidency during the preceding twelve months.

Returns to
commander-in-
chief.

10. He will furnish such returns and information, relating to the health of the troops in the command, as the commander-in-chief may call for; and will comply with such instructions as His Excellency may convey to him, subject to the approval of the government of India.

Budget
estimate.

11. He will annually forward to the controller of military accounts a budget estimate of the requirements of the military-medical service.

Member of
cantonment
committee.

12. He is *ex-officio* member of all cantonment-committees within the presidency.

Applications
involving outlay.

13. When it becomes necessary for the surgeon-general to submit applications or recommendations involving outlay for the orders of the government of India, through the controller of military accounts, full details will be given as to the nature and bearings of the proposal, whether it has been included, or not, in the military budget, and if not, whether it could be postponed, or met by a corresponding reduction in other directions.

III.—Secretaries to Surgeon-General.

Appointment.

14. The secretaries to the surgeon-general are nominated by the surgeon-general, and appointed by the government of India.

Duties.

15. Their duties are to conduct the routine work of the office, and to assist the surgeon-general in any way the latter may direct.

Conduct corre-
spondence.

16. They will, under the instructions of the surgeon-general, conduct all correspondence with officers or others who are under the jurisdiction of the surgeon-general.

Communication
with surgeon-
general.

17. They will, during the absence of the surgeon-general on inspection or other duty, hold constant communication with him, and will conduct all necessary correspondence with the several departments under his special instructions.

IV.—Statistical Officer.

Statistical
duties.

18. The statistical duties for the army, British and Native, will be performed by the statistical officer to the government of India in the sanitary and medical departments.

Position.

19. The statistical officer will hold the same position to the surgeon-general, Her Majesty's forces, as he does to the sanitary commissioner with the government of India, so far as military sanitary statistics are concerned.

Duties.

20. He will prepare for the surgeon-general such periodical or special statistical returns as may be required by departments or authorities entitled to be furnished with the same.

Administration.

[Section 3.]

DEPUTY SURGEONS-GENERAL.

IV & V.

21. The duty of collecting and transmitting to the statistical officer, all returns and other documents regarding the health condition of the army—British and Native—will be conducted under the orders of the surgeon-general, Her Majesty's forces, and all documents so furnished will be regarded as records pertaining to the office of the surgeon-general, Her Majesty's forces.

Collection and transmission of returns.

V.—Deputy Surgeons-General.

22. Deputy surgeons-general are subordinate to the surgeon-general. They are the advisers and administrative agents of general officers commanding divisions and districts regarding all medical and sanitary matters appertaining to their command.

Position.

23. The divisions and districts of medical superintendence of deputy surgeons-general will be distributed as follows:—

Divisions and districts of administrations.

Army Medical Department.

Allahabad division.

Meerut division.

Oudh division and Rohilkund district.

Sirhind division.

Rawalpindi division.

Peshawur district.

Indian Medical Service.

Lahore division.

Eastern frontier district.

Presidency district.

Gwalior and Saugor districts.

Punjab frontier force.

23a. The medical administration of civil corps will be conducted as follows:—

Civil corps.

Central India horse, Malwa Bheel corps and Bhopal battalion, by the deputy surgeon-general Nagpore force.

Deolee and Erinpoora irregular forces, Meywar Bheel corps and Mhairwarra battalion by the superintendent-general of dispensaries, Rajputana.

24. All detached posts are included in the superintendence of the division or district in which they are situated.

Detached posts.

25. The deputy surgeons-general of the Eastern frontier district and Punjab frontier force will, in addition, exercise the civil medical administration of their respective provinces under the orders of the local governments. The former will also perform the duties of sanitary commissioner.

Civil and sanitary administration.

Section 3.]

Administration.

V.

DEPUTY SURGEONS-GENERAL—*continued*.

- Medical visitor.** 26. The deputy surgeon-general of the Gwalior and Saugor districts will act as medical visitor to the Jubbulpore lunatic asylum.
- Residence.** 27. Deputy surgeons-general will, as a general rule, reside at the head-quarters of their divisions or districts, but, with the approval of the surgeon-general and general officers commanding, they may reside, with their offices, at the principal hill depôt within their respective charges during the summer months; provided no inconvenience or extra expense is thereby entailed upon the state.
- Command.** 28. They will, subject to the general or other officer commanding, have command of the medical officers and subordinates, and hospital-attendants of the army hospital native corps serving in their divisions and districts; they will have medical supervision and superintendence of military hospitals, and of hospital establishments in camp, quarters, and on field service. [See section 2, paragraph 1.]
- Responsible for executive duties.** 29. They will be responsible to the surgeon-general, as well as to the general officers commanding divisions and districts, that executive medical officers perform the medical and sanitary duties of their respective charges with zeal and regularity.
- Responsible for pay certificates, &c.** 30. They are responsible that medical subordinates leaving their division or district on duty of a permanent character, are furnished with a last-pay certificate and a copy of the order directing the subordinates' transfer.
- Inspections of stations, &c.** 31. They will make inspections of all stations and camps where troops are quartered, throughout their divisions or districts, once a year. On these occasions they will make a minute inspection of each section of the army hospital native corps. Special visits will be made whenever required.
- Time of inspections.** 32. The annual inspection of barracks and hospitals and duties in connection with invaliding will, if practicable, be conducted at the same time.
- Inspection of barracks.** 33. They will inspect all barracks and buildings occupied by troops, and all subsidiary buildings attached thereto, military prisons, and garrison and other cells in their divisions or districts, to ascertain if they are in good sanitary condition.
34. They will ascertain—
- a.* That the conservancy arrangements are satisfactory and carefully attended to.
 - b.* That the means of cleanliness are sufficient, and are made use of by the men.
 - c.* That the water-supply is good and abundant, and perfectly protected from pollution.
 - d.* That the rations have been good, and that the means of cooking are sufficient and satisfactory.
 - e.* That the duties of the troops are not likely to prove injurious to health.

Administration.

[Section 3.]

DEPUTY SURGEONS-GENERAL—*continued.*

V.

f. That recreation rooms, games, and gymnastic exercises are provided and so practised by the men as to avoid risk to health.

35. They will make any recommendation, either verbally or in writing, to commanding officers of corps, or medical officers doing duty therewith, that may be considered necessary for preserving the health of the troops, or for the mitigation or prevention of disease. Recommendations.

36. They will make frequent visits to hospitals in their immediate vicinity, and a thorough inspection of all hospitals in their divisions or districts once a year, so as to ascertain that they are conducted in conformity with existing regulations, and that everything necessary for the care and treatment of the sick is supplied. Visits and inspection of hospitals.

37. They will ascertain that the hospital accommodation is sufficient for the requirements of the station, that the vicinity of the hospitals and enclosures are in a good sanitary condition, that the buildings and out-offices are in good repair, and that the conservancy arrangements are satisfactory. Hospital arrangements.

38. They will also ascertain that the water-supply is pure and abundant, and sufficient for all the requirements of a hospital; that due attention is paid to the cleanliness, ventilation, warming, and lighting of the wards; and that the lavatories, bath-rooms, and water-closets are kept in proper order. Water-supply and sanitation.

39. They will see that all articles of diet and extras are of good quality; that the supplies are procured without difficulty or delay; and that the necessary returns and vouchers connected with their expenditure are accurately kept; also that the kitchen arrangements are good and sufficient, and that the preparation and distribution of diets and extras are conducted according to regulation. Diets and extras.

40. They will ascertain that the equipment is supplied according to regulation and kept in a serviceable condition; that the medical stores and surgical instruments are according to the authorised scale and in good condition; that the supplies of medicines and appliances are sufficient; that they are properly cared for, used with the necessary economy, and that drugs of a poisonous character are in safe keeping. Equipment and stores.

41. They will satisfy themselves that the hospital-attendants are competent and trustworthy; that the men are thoroughly efficient, and that due order, quietness, and discipline are maintained in the hospital. Hospital-attendants.

42. They will examine the medical, statistical, sanitary, army hospital native corps and all other records to see that they are properly kept, and will ascertain that all cases of interest, and all those in which extras have been given, have been recorded in the case book. Hospital records.

43. They will be careful to ascertain that the instructions respecting vaccination in regiments are punctually obeyed, and will report to the surgeon-general any instance of neglect or remissness in this duty. Vaccination.

Section 3.]

Administration.

V.

DEPUTY SURGEONS-GENERAL—*continued.*Books in
possession of
medical officers.

44. They will ascertain that each medical officer has a copy of the following books :—

Army Medical Department.

Army medical regulations.

Bengal army regulations.

Standing orders and regulations for the army medical department.

Ophthalmic manual.

Nomenclature of diseases.

Indian Medical Service.

Bengal army regulations.

Nomenclature of diseases.

Warrant Medical Officers.

Medical regulations, Her Majesty's forces, Bengal.

Ditto of
hospitals.

44a. Also whether the following books are on charge as part of the hospital equipment :—

Medical regulations, Her Majesty's forces, Bengal.

British pharmacopœia, British troops only.

Pharmacopœia of India.

Snellen's test types.

Test-dot cards.

Tables for the calculation of hospital diets, &c., British troops only.

Volumes of printed circulars, &c.

Indian articles of war, British troops only.

India army circulars, ditto.

Standing general orders, ditto.

General orders by His Excellency the commander-in-chief, British troops only.

Pay code for India, volumes I and II, British troops only.

Mortuaries.

45. They will ascertain that the mortuary is well ventilated, clean, supplied with the necessary fittings and appliances, and that there are suitable arrangements for the burial of the dead.

Mortality and
disease.

46. They will ascertain if there has been any excessive amount of disease or mortality among the troops, and if any epidemic, infectious or contagious form of disease has appeared in the station or broken out in hospital, and what measures were taken for prevention and mitigation thereof.

Instructions to
medical officers.

47. They will issue to medical officers, either verbally or in writing, any instructions that may be deemed necessary, either in connection with hospital administration, or for the welfare of the sick.

Quinine and
opium register.

48. They will ascertain whether the medical officer in charge has taken stock of his medical and surgical equipments at the period of submission of the regular requisition for fresh supplies

Administration.

[Section 3.

DEPUTY SURGEONS-GENERAL—*continued.*

V.

and whether a register of expenditure of quinine and opium, M. H. B. 4, is kept in each hospital.

49. They will, when they have completed their inspections of barracks and hospitals, report the result immediately to the surgeon-general on M. H. F. 7. No other documents will accompany this report. Inspection report.

50. They will enter in the visitors' book, M. H. B. 15, of every hospital and institution inspected or visited, a note of the date of their inspection or visit, and record such observations regarding the condition of the institution, and the performance of the duties required, as may be useful for the information and guidance of the managers and executive staff. Record of inspection.

51. They will also submit all sanitary or other suggestions and recommendations in writing to the general officer commanding the division or district. Sanitary recommendations.

52. They will give their opinion on all subjects referred to them by the local military authorities, and in case of difficulty or doubt, will refer such local matters to the surgeon-general, after duly recording their own opinion. Opinion and references.

53. The medical officer who takes temporary charge of a deputy surgeon-general's office should be previously instructed in the routine duties of the office, so as to be able to conduct them efficiently. He will be held responsible for the correctness and completeness of all returns, and the deputy surgeon-general will note in his confidential report, M. H. F. 2 or 2A, whether the duties have been carefully and efficiently performed by the medical officer who has been in charge. Charge during absence.

54. All requisitions, returns, communications, &c., will be addressed to the deputy surgeon-general, and not to the officer in charge of his office, during the absence of the former from head-quarters. Address of covers.

55. All requisitions, except those of extreme urgency, will be either kept for disposal till the deputy surgeon-general's return, or be forwarded to him, as the circumstances may indicate. Disposal of requisitions.

56. All important communications will also be detained or transmitted for the disposal of the deputy surgeon-general. Disposal of communications.

57. On all occasions when a deputy surgeon-general leaves his head-quarters on inspection or other duty, he will arrange a programme of his movements, showing the station at which he will be present on each day of absence, and forward the same to the surgeon-general. Programme of movements.

58. Deputy surgeons-general will submit annually a confidential report on the character and qualifications of all medical officers and medical subordinates in their division or district during the previous year. For this purpose deputy surgeons-general will make themselves thoroughly acquainted with the professional qualifications, Confidential reports.

Section 3.]

Administration.

V.

DEPUTY SURGEONS-GENERAL—*continued.*

character, and temper of every officer and subordinate, and report fully and without reserve the result of their personal observations for the information of the surgeon-general. Special merits or services possessed or performed by medical officers or subordinates should be recorded; and any expressions of approbation or censure which they may have won or received noticed.

Report on
epidemics, &c.

59. When unusual sickness prevails, or epidemic disease breaks out, in any part of their charge, deputy surgeons-general will report the circumstance to the surgeon-general; and continue to report, at such intervals as may be considered necessary, the progress of the outbreak, detailing fully the measures which have been adopted to meet the emergency, and the result.

Cessation of
epidemics.

60. On the cessation of the disease, a full and systematic report will be prepared, setting forth the features of the disease, the circumstances of its origin and progress, and the cause of its appearance and spread; the measures adopted to limit its prevalence and to provide for the medical treatment of the sick; and the success or otherwise of these.

Encamping
grounds.

61. Deputy surgeons-general are required to acquaint themselves personally with the usual encamping grounds within two marches from their head-quarters, and remark, in the annual inspection reports, on all matters likely to prove injurious to troops halting. Their attention is directed to the following points:—

Water-supply.

a. The wholesomeness or otherwise of the water-supply in the neighbourhood.

Cholera
reputation.

b. Such information as may be available should be added as to whether cholera has at any time made its first appearance among troops while encamped on the ground, or has been brought there with troops; the interval that has elapsed since cholera existed there or in the neighbourhood, and the precise season and date of its appearance.

Acquaintance
of corps.

62. They will take an early opportunity of becoming acquainted with all corps newly arriving within their division or district.

Medical and
sanitary
arrangements of
detachments.

63. In the case of corps or detachments moving through a division or district, deputy surgeons-general are responsible that the sanitary and medical arrangements during the time the troops are within the limits of their charge, are carefully attended to.

Copy of reports
to surgeon-
general and
commanding
officers.

64. Whenever deputy surgeons-general deem it necessary to report upon, or to offer suggestions concerning, matters affecting the health of the troops and the sanitary condition of the locality in which they are stationed, or to make any report affecting departmental discipline to the surgeon-general, they will furnish a copy of the same to their immediate commanding officer; on the other hand, copies of similar communications to commanding officers will be furnished to the surgeon-general.

Administration.

[Section 3.

DEPUTY SURGEONS-GENERAL—*continued.*

V.

65. Special reports, in the following and similar instances, will be forwarded by deputy surgeons-general with as little delay as practicable :—

- a. When a medical officer or subordinate is reported sick, with arrangements that have been made for the performance of his duties. Sickness of officers and subordinates.
- b. Changes of medical officers, and subordinates of the apothecary class. Changes of officers and subordinates.
- c. Casualties among medical officers and subordinates, accompanied in the case of death by a detailed statement of the case by the medical officer in attendance. Casualties of officers and subordinates.
- d. The results of courts-martial on hospital-attendants as recorded in division or district orders. Courts-martial on attendants.

66. On all occasions of the issue, on medical grounds, of an order causing extra expense, the opinion of the deputy surgeon-general should, if possible, be previously obtained, and must accompany the order when submitted for confirmation. Orders causing expense.

67. When the expenditure of medicines in any hospital appears unusually great, deputy surgeons-general will make a strict enquiry as to its necessity, and report to the surgeon-general whether or not the medicines have been expended solely for the wants of the sick. Expenditure of medicines.

68. Deputy surgeons-general will sit as presidents of the standing medical boards for invaliding commissioned, warrant, and other officers and soldiers, and for granting furlough to officers of the Indian services. President of medical boards.

69. They will be held responsible for the due assembly, under the orders of the local military authorities, of all periodical boards; that the rules for their guidance are strictly attended to, that they are composed of officers competent to undertake the several duties, and that the proceedings are in the prescribed form and transmitted to the proper authorities. Assembly of boards.

70. Whenever it is necessary to order a medical subordinate or hospital-attendant of the army hospital native corps from one station to another on duty, the deputy surgeon-general will furnish him with the necessary railway passage warrants, in accordance with instructions contained in the transport regulations. They will also supply railway passage warrants to hospital assistants and passed medical pupils going on sick leave. Passage warrants by railway.

71. Books of blank forms for railway passage warrants will be supplied on requisition by the government printing department. Supply of passage warrant forms.

72. Passage warrants for the journey off the line of railway will be issued by the local military authorities. Passage warrants off the line of railway.

Section 3.]

Administration.

V.

DEPUTY SURGEONS-GENERAL—*continued.*Equipment of
corps moving.

73. On all occasions of troops moving, the necessary arrangements for providing them with establishment and medical, surgical, and marching equipments, according to the sanctioned scale, will be made under the direction of the deputy surgeon-general.

Sanitary officers.

74. Deputy surgeons-general are *ex-officio* sanitary officers of the stations in which they reside. They are also members of all cantonment-committees formed in their divisions or districts.

Office records.

75. They will keep the following records :—

- a. *Letter and memoranda book.*—In this book will be copied letters and memoranda despatched from the office.
- b. *Circular book.*—In this book will be copied or inserted all circular instructions received from the surgeon-general, or other public officer, which are not merely of a temporary character.
- c. *Diary.*—In this book will be entered results of special inspections relative to the health of the troops ; of station or medical boards at which the deputy surgeon-general may preside or attend ; dates of employment and discharge of hot-weather establishments, and other matters of interest likely to be referred to by his successor.
- d. *Notification book.*—While serving with troops in camp, this book will be kept as the most eligible mode of expeditiously recording and communicating to the parties concerned all such orders and instructions as it may be deemed necessary to issue.
- e. *General orders.*—The printed general orders furnished from the military department and adjutant-general will be filed and bound at the end of each year.
- f. *Sheets of circulars* furnished from the surgeon-general will be preserved.

Filing of letters.

76. All letters received will be arranged in four distinct files, as follows :—

- a. Letters from the surgeon-general.
- b. Letters from the medical officers of the division or district.
- c. Letters from the divisional staff.
- d. Letters from other departments.

When any letter received is required to be sent forward, a slip with the number, date, purport, and destination of the letter should be inserted in the file in its place.

Transmitting
correspondence.

77. In transmitting applications or correspondence, deputy surgeons-general will record their concurrence, or otherwise, adding such additional observations, based on local knowledge, as may be necessary to enable the surgeon-general to arrive at a proper understanding of the question without further reference.

Administration.

[Section 3.]

DEPUTY SURGEONS-GENERAL—*concluded.*

V.

78. Soldier-clerks may be employed in the office of deputy surgeons-general under the operation of Bengal army regulations. Soldier-clerks.

79. To prevent inconvenience through the abrupt removal of soldier-clerks, it is in the power of the general officer in command to allow a soldier-clerk to be retained till the end of the cold season in which the man's corps quits the command. Removal of soldier-clerks.

80. The following scale of furniture is allowed for the office of each deputy surgeon-general, and will be provided at the expense of the state. The cost of furniture, when first procured, will be charged for in contingent bills properly vouched:— Furniture.

One large almirah, or two smaller ones.

A book-case or set of open shelves, on side supports.

Two office writing-tables.

Four chairs.

81. Two sepoy orderlies, to be furnished by the local military authorities under the rules applicable to military orderlies, are sanctioned for each deputy surgeon-general. Orderlies.

82. When a deputy surgeon-general relinquishes charge, he will deliver an inventory of all government property belonging to it to his successor, who will satisfy himself that the list is correct, and then affix his receipt to the same. The officer relieved will retain the original, and the duplicate will be filed in the office of the surgeon-general. Transfer of office records.

83. A deputy surgeon-general in making over charge of his office, will place in the hands of his successor such memoranda as may enable him to prepare reports, confidential or otherwise, which may be, or are about to become, due; draw his attention to any important correspondence or question which may be pending, and generally afford such information regarding the duties of the appointment that the least possible hindrance to the public service may result from the change. Information to successor.

84. Applications from deputy surgeons-general for leave of absence will be forwarded by general officers in local command to the surgeon-general, who will forward them to the adjutant-general for the orders of the commander-in-chief if the application is for leave within Indian limits, or for transmission to government if leave is required out of India. Applications for leave.

85. The duties of senior medical officer are given in section 4. Duties of senior medical officer.

86. Executive medical officers performing administrative duties, will conform to the regulations contained in this section. Executive officers performing administrative duties.

87. The provisions of section 4, paragraphs 1 to 11, are applicable to administrative officers of the army medical department.

Section 4.

SECTION 4.—EXECUTIVE OFFICERS.

I.

I.—Army Medical Department.

II.—Indian Medical Service.

III.—Staff Surgeons.

IV.—Duties.

V.—Medical Attendance.

I.—Army Medical Department.

Foreign service.

1. The nomination of all medical officers for service in India is made in England, and the term of service is five years from the date of embarkation from England.

Mode of reckoning foreign service.

2. Medical officers ordered to India for duty from other foreign stations, will reckon their tour of service from the date of their original departure from England, and not from the date of their arrival in India.

Mode of reckoning leave towards foreign service.

3. Leave of any description not exceeding six months at a time, granted to a medical officer during a tour of foreign service, will be reckoned towards completion of that tour.

Completion of foreign service.

4. If the tour of service of an officer shall expire subsequent to the close of the trooping season, and if his relief has not arrived in the country, he will be detained pending reference to the director-general.

Filling up vacancies.

5. Should the fixed establishment of executive medical officers in the command at any time be exceeded, vacancies, as they occur, will be filled up in the order of seniority.

Exchanges.

6. Exchanges between officers of the same rank at home and foreign stations will be permitted; no stoppage of pay will be enforced in respect of such exchanges, provided that no expense be entailed on the public.

7. As regards exchanges in India, they will be allowed on the understanding that both officers are in the same presidency; exchanges will also be allowed between an officer on the Indian establishment, who is on leave in England, and any other officer of the same rank in this country.

8. Medical officers serving in India, wishing to exchange to England, will be required to forfeit their pay for the interval during their departure and their successors' arrival.

9. Except under special circumstances, exchanges between medical officers serving in the United Kingdom will not be permitted, unless the officers have been at least two years at their respective stations.

Applications for exchange.

9a. Applications to be permitted to effect an exchange will be submitted, through deputy surgeons-general and general officers

Executive Officers.

[Section 4.

ARMY MEDICAL DEPARTMENT—*continued.*

I.

commanding, for the orders of His Excellency the commander-in-chief.

9b. Each application will be accompanied by the following declarations, which must be drawn up in the officer's own handwriting, and must be read over in the presence of the senior medical officer of the station, or where this is impracticable, in the presence of a combatant officer not under the rank of field officer, who will attach his certificate as witness to the declaration in the following manner :—

“ Read over in my presence and signed before me this _____
day of _____ 18 ____ .”

(Signature.)

FOR THE RECEIVER.

I, A _____ B _____, hereby solemnly declare, on my honour as an officer and a gentleman, that the proposed exchange with C _____ D _____ does not originate in any cause affecting my honour or my character or professional efficiency; that it is my *bonâ fide* intention to join immediately and do duty in the command to which I propose to exchange for at least a period of twelve months; and I further declare that none of the officers belonging to my present command, or to the command to which I propose to exchange, except C _____ D _____, have paid or promise to pay any money or money's worth to me, or to the best of knowledge and belief to any person on my behalf or in my interest, directly or indirectly, in consideration of the proposed exchange; and I promise honourably and unreservedly not to receive, or in any manner recognise, any such payment on account of such exchange, either now or hereafter.

FOR THE PAYER.

I, C _____ D _____, hereby solemnly declare, on my honour as an officer and a gentleman, that the proposed exchange with A _____ B _____ does not originate in any cause affecting my honour or my character or professional efficiency; and that it is my *bonâ fide* intention to join immediately and do duty in the command to which I proposed to exchange for at least a period of twelve months; and I further declare that I have not received any money or money's worth in consideration of such exchange from any one of the officers belonging to my present command or to the command into which I propose to exchange, nor to the best of my knowledge and belief have any of such officers paid any money or money's worth on my behalf or in my interest, directly or indirectly, or in consideration of such exchange, to A _____ B _____, or to any one on his behalf.

Section 4.]

Executive Officers.

I & II.

INDIAN MEDICAL SERVICE.

9c. The declarations must also be subscribed by a second witness, who may be either a military or civil officer of standing in the service.

9d. When a medical officer is on leave of absence, or away from a military station, the declarations may be made before a magistrate. Under these circumstances a second witness is not necessary.

9e. The certificate of a medical officer will also be required in each case, to the effect "*that the officer is in a fit state of health to serve in the command to which he wishes to exchange.*"

Relief.

10. Medical officers returning to England after a tour of service in India will, as far as practicable, proceed home in the order in which they came out.

Arrival report
in England.

11. Every officer of the army medical department returning home will, on disembarkation in England, immediately report the date thereof, in writing, to the director-general, stating the circumstances under which he has arrived in England.

Duty on
boardship.

12. Medical officers proceeding to or from England in Her Majesty's troopships, or in hired transports, will, should the medical officer in charge of the troops on board require their services, be available for duty during the voyage, provided they are junior in rank to that officer, and have not been embarked on the recommendation of a medical board and pronounced unfit for duty during the voyage.

II.—Indian Medical Service.

Medical charge.

13. Medical officers under the orders of the commander-in-chief will be available for the medical charge of native troops, and for such other military duties as are placed under the control of the surgeon-general, Her Majesty's forces.

Appointments.

14. The following appointments are under the control of the surgeon-general, Her Majesty's forces :—

Secretary to surgeon-general.

Surgeon to commander-in-chief.

Garrison surgeons.

Medical charge of—

Native cavalry and infantry regiments.

Ghoorka regiments.

Punjab frontier force.

Doaba outposts.

Central India horse.

Malwa Bheel corps.

Meywar Bheel corps.

Bhopal battalion.

Deolee irregular force.

Erinpoora irregular force.

Mhairwarra battalion (under the charge of the civil surgeon, Ajmere.)

Executive Officers.

[Section 4.

STAFF SURGEONS.

II & III.

15. Medical officers when once employed on military duty will not be removed without the sanction of government. Removal.

16. Medical officers desirous of being appointed to civil and other charges not enumerated in the preceding paragraph will submit their applications, through the usual channel, for registration in the office of the surgeon-general with the government of India, stating at the same time their claims, the nature of the appointment they desire, and the part of India they are anxious to serve. Any change in their wishes on these points will be communicated in a similar manner. Applications for civil employ.

17. In submitting applications for appointments, a statement of service, showing the period employed on field service, and in military and civil duties, will be annexed, and all such applications will be forwarded through the deputy surgeon-general under whom the applicant may be serving. Statement of service, &c.

18. The withdrawal of an officer for civil employment will not be permitted until he has completed two years' actual military duty, and then only provided his services can be spared. Should the interests of the public service, however, very urgently demand his withdrawal before the completion of his two years' course of military duty, an exception may, under the orders of government, be made, as a very rare and special case, to the above general rule. Withdrawal for civil employ.

19. Medical officers in civil employ are liable to be called on for military duty. In the event of their services being required, they will be placed at the disposal of the commander-in-chief by government through the military department. Return to military duty.

20. Medical officers employed on civil duties, and who may be selected for promotion, will, in the event of their not having performed military duty for six months within three years immediately preceding the time of their probable promotion to the administrative grade, be required to spend six months in medical charge of a native regiment at a station which is the head-quarters of a deputy surgeon-general, with whom they will be associated in view to their acquiring a thorough acquaintance with the details of the office and administrative system in force with British and Native troops. Qualifications for administrative promotion.

21. Garrison surgeons will vacate their appointments on promotion to the rank of surgeon-major. Garrison Surgeons

III.—Staff Surgeons.

22. Medical officers of either service in military employ are eligible for the medical charge of the divisional, brigade, or station staff. The appointment of staff surgeon rests with the local military authorities. Appointment.

Section 4.]

Executive Officers.

III & IV.

DUTIES.

Control.

23. Staff surgeons perform their duties under the superintendence of the deputy surgeon-general of the division or district.

IV.—Duties.

Generally.

Arrival and
departure
reports, Bengal.

24. Medical officers arriving at, or leaving, any station in the command, on duty or leave of any kind, will at once report the same by letter to the deputy surgeon-general of the division or district; and when they go on leave, the station to which they are proceeding, together with the description and period of leave sanctioned, will be entered in the departure report. This report will be transmitted to the surgeon-general.

Arrival and
departure
reports, Madras
and Bombay.

25. They will, on arrival at Bombay or Madras, or proceeding either on duty or leave, report their arrival and departure to the surgeon-general of the presidency.

Arrival report,
Allahabad.

26. They will, on arrival at Allahabad from England, if for duty in Bengal, report themselves to the deputy surgeon-general, who will detain them for duty pending the receipt of orders as to their ultimate destination.

Arrival and
departure
report, Simla.

27. They will, on arrival at army head-quarters, report their arrival personally to the surgeon-general, and enter in a book, kept at the office for that purpose, their names, place of residence, and the duty or leave on which they have arrived. They will also make similar reports of their departure.

Report to
surgeon-general
with govern-
ment.

28. Officers of the Indian medical service in military employ, will also report themselves personally to the surgeon-general with the government of India when they are at the head-quarters of the government, or at any station which the surgeon-general may visit.

Information
required with
arrival report.

29. Officers of the army medical department on arrival in India for a tour of duty, will state in the arrival report the date of embarkation from England for foreign service, the command in which they last served, and the date of leaving the same, as well as the date and place of disembarkation in India.

Report on
taking charge.

30. Medical officers will, on assuming charge of a hospital, report the circumstance to the deputy surgeon-general.

Available for
duty while on
leave.

31. They will, during their stay at hill stations on privilege or general leave, be available for duty if required.

Prohibition to
grant medical
certificates.

32. They are, when on leave, prohibited from granting certificates to officers residing there. Such certificates will be granted only by the regularly appointed local medical officers.

Appointment
to divisions.

33. They will be appointed to divisions and districts by the commander-in-chief on the recommendation of the surgeon-general, and whenever it may be necessary to remove them from one division or district to another, the order for such transfer will, in ordinary cases, be issued by the commander-in-chief to the general officer in command. In urgent cases, however, not admitting

Executive Officers.

[Section 4.]

DUTIES—continued.

IV.

of delay, the surgeon-general will, "under the authority of the commander-in-chief," issue the necessary orders through the general officer in command.

34. They will, while absent, as well as when on leave, be accounted for in the general return of the division or district to which they belong, and will be shown on the strength of such charge until removed from it. Mode of accounting for absentees.

35. They will supervise the studies of medical subordinates, to enable them to qualify for advancement in their respective grades. Supervision of subordinates.

36. They are required to be in possession of the books noted in section 3, paragraph 44, and will produce them at the inspection of the deputy surgeon-general. Books to be kept.

37. Applications from medical officers for leave of absence will be forwarded through commanding officers to deputy surgeons-general, by whom they will be submitted to general officers commanding divisions and districts for disposal in cases where the leave can be granted by them, or for transmission to the surgeon-general, Her Majesty's forces; by whom they will be forwarded to the adjutant-general, if the leave requires the sanction of the commander-in-chief. Deputy surgeons-general are responsible that a sufficiency of medical officers, both for ordinary necessities and emergencies, are retained for duty. Applications for leave.

38. Medical officers who, from the nature of their duties, have been precluded from taking privilege leave during the hot months, may be granted such leave at any time during which their services can be most conveniently spared. Leave when sanctioned.

39. They will, on the inspection of a hospital by a general officer, or an administrative medical officer, prepare a state of sick on B. F. 9 for the inspecting officer. State of sick at inspection.

40. They will, on the transfer of a soldier from one regiment or battery to another, or to the unattached list, make over the medical history sheet to the officer commanding the regiment or battery from which the man is transferred for disposal. Receipt vouchers will be signed in all cases of transfer of medical history sheets. Disposal of medical history sheet.

41. They will frequently visit the gymnasium, where such exists, and will supervise the measurement of soldiers on entering the course, and also on its termination, and will specially notice in their annual reports of medical transactions the effects of such training on the muscular development of the men, and the general influence of gymnastics on the health of the soldier. Gymnasium.

42. They will, when required to do so, lay before commanding officers, for their information, such orders and communications, not being of a purely professional character, as may reach them from the head of their department, or from their immediate departmental superior. Communications with commanding officers.

43. They will take stock of the medicines, surgical instruments and appliances at the period of submission of the regular requisition. Taking stock of medical stores, &c.

Section 4.]

Executive Officers.

IV.

DUTIES—*continued*.

Quinine and opium register.

tion for fresh supplies, and will satisfy themselves, and place on record in the diary, for the information of the deputy surgeon-general, that there has been no undue expenditure or waste.

44. They will keep a daily register of the expenditure of quinine and opium, M. H. B. 4, and daily initial the ward prescription books.

Responsibility for records.

45. They are held responsible that the records of the hospital are carefully kept, and that the medical case books and medical history sheets are written up to date.

Responsibility for government stores.

46. They are held responsible for the safe custody and disposal of government stores issued to them, and that the requisitions for hospital stores and supplies required by existing regulations are properly and regularly made out with due regard to economy and to the general interests of the sick.

Riding drill.

47. All surgeons will, as opportunity offers, be required to undergo a course of instructions in riding drill, surgeons-major may go through the drill if they desire it. Officers commanding stations at which regiments of cavalry are located will, in communication with the deputy surgeon-general, arrange so that no inconvenience to professional duties may arise from the temporary absence of medical officers under instruction. The riding-master will grant a certificate to every medical officer who has completed a course of instruction in riding drill under these rules.

Chargers.

48. Medical officers having the relative rank of field officers, will provide themselves with chargers and horse furniture, and will appear mounted when required to attend parades. Surgeons of native infantry regiments, when in possession of suitable chargers, may appear mounted on parade or on other duties.

Muster parades.

49. They are not required to attend the monthly muster parade of the corps with which they are doing duty. In the muster rolls they will be returned "present on duty," unless absent from the station.

Attendance at parades.

50. They are required to attend parades of inspection made by general officers, and any other parades when professional assistance is wanted.

Attendance at target practice.

51. Their attendance at target practice, under ordinary circumstances, is unnecessary; and their presence at rifle ranges will be dispensed with, except where an increase of medical officers has been sanctioned for this duty; but the name and address of a medical officer available to attend in case of accident will always be communicated to the officer in command of parties proceeding to target practice, and such medical officer on being warned will remain in his quarters or hospital during the period the rifle practice is carried on.

To be within call.

52. When a medical officer is specially allowed for attendance at a rifle range, and when the hospital or quarters of such medical officer are within a mile from the range, he may return to the

Executive Officers.

[Section 4.]

DUTIES—*continued.*

IV.

hospital or quarters, after reporting himself to the officer in command of the firing party, and he will remain there whilst practice is going on, and be in readiness for any emergency. Attendance throughout gun target practice is compulsory.

53. Should exceptional circumstances arise which would appear to render the presence of a medical officer on a rifle range expedient, the general or other officer in command may, after consulting with the senior medical officer, direct the attendance of a medical officer when necessary. The senior medical officer will report all cases of this nature, through the deputy surgeon-general, to the surgeon-general, in order that timely provision may be made for the performance of the duties of the medical officer so employed.

Gun practice.
Special cases.

54. When troops are encamped for rifle practice on account of the distance of the range from barracks, a medical officer will remain in camp whilst the practice is carried on.

Target practice
in camp.

55. When medical officers relinquish their charge, they will deliver an inventory, M. H. F. 56 and 57, of the medical and surgical equipments, records and all other government property under their charge to their successors, and the latter will satisfy themselves that the lists are correct, and affix their signature to the same. The relieving officer will report to the deputy surgeon-general in the event of the medical, statistical, and other records not being written up to date.

Transfer of
stores.

56. They will submit to the deputy surgeon-general at the invaliding boards in February of each year, a return of the British soldiers, married and single, whom they desire to recommend to be sent to the hills.

Selection
men for the
hills.

57. They are bound to give evidence in magisterial or judicial courts, when required, touching the results of *post-mortem* or other examinations made by them on the requisition of police officers or other competent authority.

Evidence of
judicial courts.

58. They will submit an annual confidential report, M. H. F. 3, on the conduct and qualifications of all medical subordinates serving or who have served under them.

Confidential
reports.

59. Whenever a medical subordinate becomes non-effective from sickness, arrest, leave, or desertion, the circumstance will be reported, through the deputy surgeon-general, to the surgeon-general. Similar reports will be made of hospital-attendants who may have deserted.

Casualties.

60. Whenever it becomes desirable, as a temporary measure, to assign civil duties as an extra charge to a medical officer in military employ, or to assign military duties as an extra charge to a medical officer in civil employ, the concurrence of the local government and local military authorities will be previously applied for.

Civil and
military duties
as an extra
charge.

61. Medical officers are not entitled to extra remuneration for the performance of any duty prescribed by regulation, which may be required of them by proper authority in the interests of govern-

Remuneration.

Section 4.]

Executive Officers.

IV.

DUTIES—*continued*.

ment. If the services of a medical officer in military employ are temporarily needed for government purposes in other departments, they are to be asked for through the military authorities, and no fee for such special or extra duty is admissible.

Sanitary duties. 62. Senior medical officers, as sanitary officers, will make themselves thoroughly acquainted with the country in the neighbourhood of the station, in view to such measures being taken as may be deemed advisable to remove or counteract any prevalent source of disease.

Epidemics. 63. They will take measures to have themselves apprised of the earliest appearance in their district of any epidemic, especially cholera, and communicate with each other regarding the peculiar features and progress of such disease.

Private practice. 64. Medical officers engaged in executive duties are permitted to attend persons unconnected with the government service, so long as their own departmental duties are not thereby neglected.

Execution of wills. 65. A medical officer will, in addition to any other witnesses, be present at the execution of wills of soldiers in hospital, and will affix a declaration thereto, stating whether the men were, or were not, in a fit state to execute the same.

Transfer of hospital attendants. 65a. Whenever hospital-attendants of the army hospital native corps are transferred from one station hospital to another, the medical officer in charge will intimate the date of departure direct to the medical officer under whose orders the individuals are about to serve. In the case of transfers from one detachment to another, these reports will be forwarded through deputy surgeons-general.

Special reports. 66. The instructions contained in section 3, paragraphs 59, 60, 64, and 65, are applicable to executive medical officers.

Prisoners and Cells.

Examination of prisoners. 67. All prisoners, prior to being brought before the officer commanding, will be taken to the hospital at the morning visit of the same day for inspection by a medical officer, who will certify their state of health to the officer commanding.

Charge of cells. 68. The medical duties connected with station, garrison and regimental cells will, in all cases, be conducted by a military medical officer. At stations where an officer is in receipt of the allowance for medical charge of the divisional or brigade staff, he will perform also the duties connected with station and garrison cells, unless another is specially appointed for the duty. In the case of regimental cells, a medical officer will visit the cells daily when these are occupied.

Enquiry into complaints. 69. The medical officer will ascertain whether there are any complaints, and will bring to notice any irregularities that he may observe.

Inspection. 70. He will inspect the whole of the cells and see the prisoners daily.

Executive Officers.

[Section 4.]

MEDICAL ATTENDANCE.

IV & V.

71. He will issue such orders as he may deem immediately necessary concerning the diet, work, or exercise of any prisoner whose state of health may require him to be in any way exempted from the rules of the cells. He will, however, exercise caution in this respect. All such orders will be entered by him in the provost sergeant's journal. Orders as to diet, &c.

72. He will carefully investigate the case of every prisoner who reports himself sick, and will not order his removal to hospital unless absolutely necessary. Sick prisoners.

73. He will immediately bring to the notice of the commanding officer the case of any prisoner whose health is suffering. Report on sick prisoners.

74. He will enter his report in the visitors' book; no other report will be required. Visitors' book.

75. A medical officer must always be present at the infliction of corporal punishment on a prisoner. When a sentence of corporal punishment has been passed, the medical officer will furnish a certificate stating whether the prisoner is in a fit state to undergo the punishment. Present at corporal punishment.

76. Prisoners, previously to admission in military cells or prisons, will be specially examined by a medical officer, who will fill in the form of committal. When hard labour forms part of the sentence awarded, and when the prisoner is unfit to undergo the same, the cause of his unfitness will be stated by the medical officer who signs the committal. Examination of prisoners on committal.

77. A diary, and an admission and discharge book, will be kept up for each military prison, and a complete set of statistical returns and reports for the Lucknow military prison. Records.

78. The senior medical officer, as *ex-officio* visitor of the prison, will see that the records are carefully and regularly kept. Inspection of records.

79. All prisoners undergoing shot drill will be carefully examined by a medical officer, and every possible precaution taken that no man predisposed to rupture, or other ailment likely to be aggravated by it, shall be subjected to that exercise. Shot drill.

V.—Medical Attendance.

80. The term "medical attendance" means the professional advice and care during sickness or injury afforded by a medical officer. Medical attendance will be restricted to the persons detailed in the following paragraphs, and subject to the conditions therein laid down; it will include, excepting in the case of officers in military staff employ serving at the presidency, who will provide themselves, the supply of the authorised medicines and appliances prescribed by the medical officer, in so far as these are available. Medical attendance.

81. Whenever the state of an officer's health renders it necessary that he should be placed on, or removed from, the sick-list, his name will be entered in the morning state, B. F. 9, for Report of sick officers.

Section 4.]

Executive Officers.

V.

MEDICAL ATTENDANCE—*continued*.

the information of the officer commanding, and in the case of officers of British corps on M. H. F. 77 also. No other report of an officer being placed on, or removed from, the sick-list will be required by the military authorities, except when the officer is on or for duty, in which case a special report will be necessary. In the case of a staff or departmental officer, however, the necessary information will be furnished by a written memorandum to the station staff officer.

Treatment of
native officers.

82. Native officers under treatment will be attended by a medical officer at their quarters if they are suitable for a sick officer and the illness be of a mild character; otherwise one of the corner rooms of the hospital will be made available for the reception of a native officer. In the event of no such accommodation being available, he will be treated in his own quarters; on no account is he to be relegated to the common ward of the hospital.

Sick report of
medical officers
and subordi-
nates.

83. Whenever a medical officer or subordinate is placed on the sick-list, a report will be made to the deputy surgeon-general, stating the probable period during which he may be incapable of attending to his duties, and the arrangement that has been made for their performance.

Report of fatal
cases.

84. Detailed medical reports of fatal cases of all commissioned officers will be furnished, through the deputy surgeon-general, to the surgeon-general. In the case of officers of the British army, the report will be in duplicate.

Medical aid to
regimental
officers.

85. Medical officers will afford at all times medical aid to sick officers of the regiment to which they may be attached for duty, and to the families of such officers, and to their wives in cases of childbirth, if required to do so.

Emergent cases.

86. They are required to attend, without avoidable delay, on any sick officer or member of his family who may call upon them to do so; and having given such aid or advice as circumstances call for, they may transfer the further treatment of the patient to the medical officer of the corps to which he belongs, or to the staff surgeon, as the case may be.

Officers entitled
to medical at-
tendance.

87. Military officers, cantonment magistrates, chaplains, warrant, and non-commissioned officers in military employ, soldiers transferred to the unattached list, and chief civil master armourers of the ordnance department, are entitled at all times to gratuitous medical attendance for themselves and their families from the medical officer under whose charge they are placed.

Unemployed
officers.

88. Unemployed general officers who remain in India for their own convenience, are not entitled to gratuitous medical attendance for themselves or their families.

Medical attend-
ance to officers
on leave.

89. All officers and their families who are entitled to gratuitous attendance in a cantonment or civil station, are entitled to it at any other place where they may be residing, whether on duty or leave

Executive Officers.

[Section 4.]

MEDICAL ATTENDANCE—continued.

V.

from any medical officer paid by government for staff, civil, or general duties.

90. Officers of the public works department in all its branches, when residing in any military cantonment under proper authority, are entitled to gratuitous medical attendance from the staff surgeon for themselves only, warrant officers and non-commissioned officers for their families also, as also when residing in the immediate vicinity of cantonments, and there is no civil surgeon in the station; on other occasions they are not entitled to free medical attendance. The same rule applies to the subordinate officers and establishments of the commissariat department.

Officers of public works department.

91. The families of officers, covenanted, uncovenanted, or military, who are in civil employ, are not entitled to gratuitous medical attendance. Clerks in public offices (army head-quarters excepted) taken from the army, in like manner with other clerks unconnected with the military service, have no claim to gratuitous medical attendance for their families.

Families of clerks.

92. The term "family" in the preceding paragraphs includes all *bonâ fide* servants; but native servants should attend at the hospital for medicine unless seriously sick, when they are required to go into the hospital for native followers attached to British troops, where such exists.

Definition of term "family."

93. Political officers and their followers in the field, or on service, are entitled to gratuitous medical attendance from the medical officer in charge of the staff of the divisions to which they are attached.

Political officers.

94. The staff surgeon of a station is the proper medical attendant of the divisional brigade, or station staff, including telegraph, state railways, and public works departments, and of all public establishments belonging to the army and its departments located within the military cantonment.

Duties of staff surgeon.

95. Officers and subordinates entitled to gratuitous medical attendance, residing in the immediate vicinity of any cantonment, although not within the actual boundary, are, when there is no civil surgeon at the station, entitled to gratuitous attendance from the staff surgeon of the station.

Outside cantonment limits.

96. Military officers on leave, or on special duty, at a station will, when sick, be attended by the staff surgeon.

Officers on leave.

97. The staff surgeon, Fort William, will afford medical aid to the general and all other officers, commissioned, warrant, or non-commissioned, of the district staff, with their families, residing in the fort, including all officers who may be doing general duty and others who do not belong to the district staff. In the absence of the staff surgeon, on duty or otherwise, the garrison surgeon will, on emergency, attend to any member of the district staff.

Staff surgeon, Fort William.

98. Presidency surgeons are appointed to attend all commissioned officers not residing within the walls of the fort.

Presidency surgeon.

Section 4.]

Executive Officers.

V.

MEDICAL ATTENDANCE—*continued*.

Garrison
surgeon, Fort
William.

99. The garrison surgeon, Fort William, will attend all commissioned, warrant, and non-commissioned officers who live outside the fort (at Hastings) ; also all of the above grades who belong to the ordnance department and live in the fort. The native employés who receive aid in the staff hospital, Hastings, are under his care. In the absence of the garrison surgeon, on duty or otherwise, the staff surgeon will, on emergency, attend to any member of the garrison who may require medical aid at the time, either in Fort William or Hastings.

Garrison
surgeon,
Chunar.

100. The garrison surgeon, Chunar, will afford medical aid to the detachments of the British and native troops located in the fort and station, and the European company of invalids.

Fort Akalgarh.

101. The medical officer in charge of the detachment of British troops located within the Fort Akalgarh, at Dera Ismail Khan, will render medical aid to the ordnance and commissariat establishments (European and native) in addition to his other duties.

Civil and staff
duties at hill
depôts.

102. At hill depôts where there is a civil surgeon, the medical officer of the depôt will afford medical aid to all persons unconnected with the depôt *only* in the event of the civil surgeon being ill, or in cases of emergency. At stations where there is no civil surgeon, the medical officer specially appointed for staff and general duties, or otherwise the senior present on duty, will afford medical aid, when required, to all persons at the place who are entitled to gratuitous attendance.

Dispensing of
staff prescrip-
tions.

103. Prescriptions from the staff surgeon of a station will, at stations where no staff hospital exists, be dispensed at the hospital of the corps to which the medical officer is attached for duty.

Schoolmasters
and school-
mistresses.

104. Army schoolmasters and their families, and army schoolmistresses and their children, requiring medical treatment, will receive it at their own quarters gratuitously ; going into hospital only when the nature of their complaint renders it necessary. They are subject, when in hospital, to the usual rate of stoppage ; but when attended in their own quarters, receiving only medicine from the hospital, they are not subject to such stoppage.

Staff sergeants.

105. When staff sergeants attached to departments are treated in their own quarters, they are not entitled to wine or other medical comforts. Men so situated, if recommended by the medical officer, should be received, under the orders of the officer commanding the station, into any hospital of British troops at the station, to be treated there subject to hospital stoppages ; or if they prefer it they can be treated at home.

Pensioners.

106. European military pensioners residing in cantonments are entitled to gratuitous medical attendance for themselves and families from the medical officer in charge of the station staff. In any serious illness, the pensioner may be admitted into a military hospital for treatment, under the orders of the officer commanding the station, and will be chargeable with hospital stoppages as for

Executive Officers.

[Section 4.]

MEDICAL ATTENDANCE—*concluded.*

V.

soldiers ; his family, however, can only be admitted into the sudder dispensary if there is suitable accommodation. The stoppage roll for pensioners will be forwarded direct by the medical officer in charge to the circle paymaster for adjustment. Persons of this class who have been pensioned direct from military service and who reside outside cantonments, are entitled to gratuitous medical attendance for themselves and their families from the civil surgeon of their station.

107. Sick and destitute Europeans, unconnected with the army, requiring medical treatment, should be taken to the nearest civil hospital ; where this is not practicable, they should be sent to the station staff hospital, if one exists with suitable accommodation ; and in the absence of both they should be taken to a hospital for British troops, and all expenses incurred on their behalf charged to the civil department. Men brought under these circumstances must be received in a military hospital, and can only be passed on to another military hospital when accommodation is not available in the first hospital to which the individual is brought. The admission of such cases should be at once reported to the officer commanding.

Sick and destitute Europeans.

108. On the termination of the case, a statement marked “ Civil.—For treatment of paupers,” showing the actual issues of diet and medical comforts, will be prepared by the medical officer, and forwarded to the executive commissariat officer for adjustment in accordance with departmental rules. In like manner, the medical officer will prepare a statement showing the actual issues of medicines and other articles supplied from stock, and forward it to the examiner of medical accounts for adjustment.

Expenses how to be recovered.

109. Europeans in military employ, or soldiers in detached employ, are always to be taken to, and received in, the nearest hospital for British troops.

Europeans in military employ.

110. Wounded persons brought into cantonments by the local police, will be admitted into the nearest military hospital for treatment, and medical officers will administer aid to such parties.

Wounded persons.

111. Medical officers are permitted to prescribe medicines from the public stores to individuals not connected with their particular charge, or with the service, in exceptional cases where humane consideration seems urgently to require it. Medical officers are held responsible that this indulgence is in no case abused.

Medicines in exceptional cases.

112. If a public servant is ill he must be reported sick. If it be considered that the station in which he is serving is inimical to his constitution, and that he is likely to have better health elsewhere, he is still to be reported sick and unfit for duty, and be dealt with accordingly. Medical officers are prohibited from recommending a change of station to a public servant, because the one in which he is serving is not suited to his constitution.

Public servants unfit for duty.

Section 5. SECTION 5.—SUBORDINATE MEDICAL DEPARTMENT.

I.

I.—General Rules.
II.—Apothecary Class.

III.—Hospital Assistant Class.
IV.—Duties.

I.—General Rules.

Division into
classes.

1. The subordinate medical department is divided into two classes :—

- a. The apothecary class, for general employment with British troops and hospitals, depôts, &c.
- b. The hospital assistant class, for general duty with native troops and hospitals, and hospitals for native followers, &c.

Examination
of candidates.

2. Examinations for admission of candidates into both classes will be conducted under the orders of the surgeon-general, Her Majesty's forces, who will transmit a general roll of the successful candidates to the surgeon-general with the government of India.

Control.

3. From the time a medical subordinate is brought on the strength of the army, he will—excepting during the period he may be studying at college or a medical school, or on his transfer to civil or other employ under the control of the surgeon-general with the government of India—be entirely under the authority and control of the surgeon-general, Her Majesty's forces :—

Appointments
under control of
surgeon-general.

4. The following appointments are under the control of the surgeon-general, Her Majesty's forces :—

Apothecary Class.

Station hospitals.
Ordnance hospitals.
Garrison hospitals and dispensaries.
Army head-quarters.
Military prisons.

Hospital Assistant Class.

Army head-quarters.
Garrison and station staff hospitals and dispensaries.
Lock hospitals.
Regimental hospitals.
Ordnance hospitals.

Recommendations for promotion, reduction, &c.

5. All recommendations for promotions, resignations, retirements, removals, reduction or other major punishment, of both classes under the orders of the surgeon-general, Her Majesty's

Subordinate Medical Department.

[Section 5.]

APOTHECARY CLASS.

I & II.

forces, will be submitted by him, through army head-quarters, for the approval and orders of government; invaliding documents will be submitted to the controller of military accounts.

6. Medical subordinates in civil employ are liable to be recalled for military duty in case of war or extreme emergency, or when their return to military duty may be considered desirable by government. Members in civil employ eligible for military duty.

II.—Apothecary Class.

7. Boards, composed of three medical officers and an officer who has passed in the higher standard as interpreter, will assemble half-yearly, *viz.*, on the 15th April and 15th October, at the head-quarters of deputy surgeons-general, for the examination of candidates. Ordinary boards.

8. Special half-yearly boards, presided over by the senior medical officer at Kasauli, Dagshai, or Subathu, will also assemble on the above dates at Kasauli, for the examination of wards of the Lawrence military asylum at Sunawur and of candidates in the neighbouring stations. Special boards.

9. Candidates must be of European or Eurasian parentage, or the sons of natural born British subjects professing the Christian religion, and not below fifteen or above eighteen years of age. They are, moreover, to be of healthy constitution and physically fit for the active duties of the service. Persons eligible.

10. They will be required to prepare in their own handwriting descriptive rolls in the form noted in appendix I, and produce certificates of parentage, age, and good character. Descriptive roll, &c.

11. In cases where, from unavoidable circumstances, an original extract or certified copy from a baptismal register cannot be produced, an affidavit before a justice of the peace by the next of kin of the candidates, or other person in a position to swear to the candidate's age, will be required. Certificate as to age.

12. These documents will be forwarded, a fortnight before the dates fixed for examination, to the deputy surgeon-general, who will, in communication with the military authorities, arrange for convening the necessary board. Disposal of documents.

13. Candidates possessing the qualifications of parentage, age, health, and character above indicated, will be required to undergo an examination in the following subjects:— Subjects of examination.

a. English language—

Dictation.—Thirty lines from a standard work—ten errors to exclude from further competition.

Reading.—Prose and poetry—thirty lines of each.

Grammar.—Rules of syntax and meaning of words.

b. History of England and of India (outlines of).

c. Geography, more especially that of India.

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Subordinate Medical Department.

II.

APOTHECARY CLASS—continued.

- d. Arithmetic, up to the rule of three, including vulgar and decimal fractions.
- e. Vernacular, colloquial.

Number of marks obtainable.

14. The maximum number of marks which can be allotted is as follows, and the relative merits of each candidate will be determined by the number gained :—

a. English—						Marks.
Reading	.	.	.	.	.	50
Writing	.	.	.	.	.	50
Orthography	.	.	.	.	.	50
Meaning of words	.	.	.	.	.	50
Grammar	.	.	.	.	.	50
b. History	.	.	.	.	.	50
c. Geography	.	.	.	.	.	50
d. Arithmetic	.	.	.	.	.	100
e. Vernacular	.	.	.	.	.	50
Total number of marks obtainable						500

Number of marks required to qualify.

Proceedings.

15. Candidates obtaining less than half the number of marks fixed for any subject will be considered to have failed.

16. Boards will record the result of the examination on H. M. F. 16, which will be forwarded, through the deputy surgeon-general, to the surgeon-general. Candidates' names will be entered in full and in order of merit, in estimating which, character will be taken into consideration; the most promising and eligible youth being placed at the head of the list, and so on, according to their respective merits and qualifications. Baptismal and character certificates and descriptive rolls of passed candidates will accompany the document, those of unsuccessful candidates being returned to them with an intimation that they have failed to pass the entrance examination.

Physical fitness.

17. Boards will examine candidates as regards their physical fitness, and state in the proceedings whether they are of healthy constitution and physically fit for the service.

Informality in examination.

18. Any informality in the examination of candidates will vitiate the proceedings.

Instructions to passed candidates.

19. Presidents of boards will inform passed candidates, whose address will be noted, that the circumstance of their passing the preliminary test does not necessarily entitle them to admission into the department, but that their admission will depend on the exigencies of the service and the position which they may occupy in the general list of passed candidates.

Subordinate Medical Department.

[Section 5.]

APOTHECARY CLASS—*continued*.

II.

20. The names of candidates admitted into the service will be notified in the orders of His Excellency the commander-in-chief, and the same will be intimated to them by the deputy surgeon-general, to whom they will report themselves for orders. Admission.

21. Hospital apprentices will be attached to hospitals of British troops, and when the exigencies of the service admit, the hospitals selected will be at the station where their parents or other relatives may be residing. Appointment.

22. Deputy surgeons-general will arrange for the attestation of newly appointed hospital apprentices on their reporting themselves for duty. Three copies of the attestation document, M. H. F. 51, are required; one copy will be given to the hospital apprentice, the second will be attached to the first pay bill for the information of the pay department, and the third will be forwarded to the surgeon-general for transmission to the adjutant-general. Attestation.

23. Prior to attestation, the 7th, 8th, and 9th sections of the army act of 1881 (appendix II) will be read and explained to the apprentice by the attesting officer. Discipline.

24. The service of hospital apprentices reckons from the date on which they pass the entrance examination, and they are entitled to all its advantages, excepting pensions, from that date. Commencement of service.

25. Medical officers will be held responsible that hospital apprentices are instructed in the following subjects:— Instruction of apprentices.

- a. Anatomy.
- b. Surgery.
- c. Practice of medicine.
- d. Names, appearance, and uses of such medicines as are generally employed.
- e. To read, write, and dispense prescriptions, which will be done under supervision until reported qualified.
- f. To make up all compound preparations, (decoctions, infusions, powders, pills, enemata, liniments, ointments, &c.) in hospital use.
- g. To distribute medicines and comforts.
- h. To attend to the cleanliness of wards and general sanitary condition of the hospital.
- i. To prepare the different returns and requisitions.

26. Hospital apprentices will be required to pass an examination annually, with a view of ascertaining their fitness to enter the medical college. Examination.

27. Boards for this purpose, composed of three medical officers (at stations where three medical officers are not available, the examination will be conducted by two), will assemble on the 15th April and 15th October in each year. Boards.

28. Hospital apprentices, admitted into the service on the 15th April in any year, will appear for examination before the board Dates of examination.

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Subordinate Medical Department.

II.

APOTHECARY CLASS—*continued.*

which assembles on the same date of the two following years, and those joining on the 15th October will be examined on the 15th October of the two succeeding years. Hospital apprentices who have passed the two annual examinations above prescribed, and have not entered the medical college, will, until admission, continue to appear for examination before the board which assembles on the 15th April in each year, under the same conditions as noted in paragraph 31.

Subjects of
examination.

29. Hospital apprentices who have completed one year's service will be examined in general anatomy, their ability to read and write prescriptions, the names, appearances and uses of medicines, and the extent of their knowledge of the forms and returns in use. Those who have completed a service of two years and upwards will, in addition to the above subjects, be examined in minor practical surgery and medicine.

Proceedings of
boards.

30. The result will be given on M. H. F. 20, and forwarded, through the deputy surgeon-general, to the surgeon-general.

Special reports
of unfitness.

31. Hospital apprentices who may display marked ignorance and professional inaptitude will be specially and separately reported on by the board with a view to their discharge; and those who have made but "fair progress" at the first examination will be warned that if at the next examination they do not show proof of having made satisfactory progress and of their fitness for admission to the medical college, they will be liable to be removed from the service.

Resignations.

32. Hospital apprentices desirous of resigning the service will state in their applications their reasons for so doing.

33. Before submitting to the surgeon-general applications from hospital apprentices to resign the service, medical officers will remind them of the advantages which the subordinate medical department holds out to studious and persevering lads, and it should be certified that this course has been followed by the officer transmitting the application. Whenever practicable, the consent of the parents or guardians should be obtained in writing before apprentices' applications to resign the service are forwarded to the surgeon-general.

Refund of pay.

34. No application to resign the service will be forwarded to army head-quarters from medical subordinates who have enjoyed the advantage of studying at the medical college before they have completed a term of six years, commencing from the date of admission into that institution, otherwise than on the payment of the aggregate amount of stipend received by the applicant up to date; and no apprentice will be permitted to resign the service without the sanction of the commander-in-chief, and a refund of the whole amount of stipend received during his service.

Rations.

35. Hospital apprentices, passed and unpassed, are allowed rations (full diet), or compensation in lieu thereof. When rations

Subordinate Medical Department.

[Section 5.]

APOTHECARY CLASS—*continued.*

II.

are drawn, the entry will be noted in the monthly diet return M. C. F. 3, and in the case of compensation, the amount will be charged for in the hospital pay list.

36. When admitted into hospital as patients for treatment, Diet when sick. they will be supplied with a suitable diet, and will not be entitled to draw rations or compensation in lieu.

37. They will receive the following articles of bedding:—

Bedding.

First issue.

Blanket, English, No. 1.

Carpet, cotton (suttringee), No. 1.

Sheets, cotton, 1 pair.

Subsequent issues.

One English blanket and one cotton carpet every third year, and a cotton sheet every year.

38. They will receive the extra issue of blankets when issued Extra bedding. to British troops during exceptionally cold weather, and mattress-cases and pillow-cases with leather belt and buckle, under the conditions laid down in the Bengal barrack regulations.

39. Requisitions for hospital apprentices' bedding will be prepared in duplicate on B. F. 451, and submitted to the executive commissariat officer, through the deputy surgeon-general, on the 1st September of each year for those already in the department, and on joining for those newly appointed. A last-bedding certificate, B. F. 677, will be attached to the requisition whenever necessary. Requisitions for bedding.

40. When not provided with bedding, compensation at the rates Compensation for bedding. fixed annually is admissible. Bills in duplicate, B. F. 502, for the same will be submitted to the examiner of commissariat accounts for preaudit.

41. The following scale of clothing is sanctioned annually to Clothing. passed and unpassed apprentices:—

Patrol jacket, serge	1
Trowsers, do., pair	1
Waistcoat, do.	1
Boots, ankle, pair	1
Gloves, white, pair	1
Cap, forage	1
Patrol jacket, white drill	2
Trowsers, white, pairs	2

42. A great coat, infantry sergeant's pattern, is authorised for Great coats. each passed and unpassed hospital apprentice, and will be issued as a first supply only on requisitions prepared in duplicate on B. F. 518, which will be submitted as detailed in paragraph 44.

Section 5.]

Subordinate Medical Department.

II.

APOTHECARY CLASS—*continued.*

Helmet.

43. A waterproof-wicker helmet, with cover and puggri, to be supplied every second year, is also sanctioned for each passed and unpassed hospital apprentice.

Requisition for clothing.

44. Requisitions and size rolls for clothing will be prepared in duplicate on M. H. F. 5, and rendered to the superintendent army clothing, on the 1st October of each year for the clothing which will fall due on the 1st April following for hospital apprentices in the service, and on joining for those newly appointed.

Compensation for clothing.

45. When not provided with clothing, compensation is admissible. Bills, in duplicate, for the same will be submitted to the examiner of clothing accounts for preaudit. Compensation, however, is not admissible for boots and gloves, which are issued in kind.

Submission of claims for compensation.

46. All claims for clothing will be made within one year after the articles are actually due, and any claim not submitted in that period will be rejected.

Carriage on line of march.

47. Hospital apprentices, passed and unpassed, are allowed on the line of march one camel between two, or the equivalent, for the conveyance of their personal luggage.

Restriction on liquor supplies.

48. Unpassed hospital apprentices will not be permitted to obtain liquor of any description from the canteen except on the written order of the medical officer under whom they may be serving, which will not be given without due consideration.

Transfer documents.

49. On the transfer of hospital apprentices, medical officers will be held responsible that they are furnished with the following documents:—

a. Extract of orders.

b. Last-pay certificate, B. F. 133.

c. Last-bedding certificate, B. F. 677, or a certificate showing up to what date compensation was paid.

d. Last-clothing certificate, or a certificate showing up to what date compensation was paid.

e. Last-ration certificate, or a certificate showing up to what date compensation was paid.

Prohibition to marry.

50. Unpassed hospital apprentices are prohibited from marrying.

Reports on character, &c.

51. The character and qualifications of medical subordinates will be reported annually (1st October) on M. H. F. 3.

Leave.

Applications for leave.

52. Applications for leave in India will be prepared on B. F. 383, and for furlough out of India on B. F. 442B. When the leave solicited is on the recommendations of a medical board, a copy of the proceedings drawn up on M. H. F. 50, will accompany the application.

53. Recreation and privilege leave to warrant officers of the subordinate medical department, and recreation leave to hospital

Subordinate Medical Department.

[Section 5.]

APOTHECARY CLASS—*continued.*

11.

apprentices, will be granted by general officers commanding divisions and districts, on the recommendation of deputy surgeons-general. Applications for leave of any other description will be submitted, through general officers in local command and the surgeon-general, Her Majesty's forces, for the sanction of the commander-in-chief or government, as the case may require.

54. Temporary leave can be sanctioned by the officer commanding the station, in accordance with the instructions contained in the Bengal army regulations. Temporary leave.

Promotions.

55. The effective strength will comprise the numbers of the several grades necessary for duty with British troops, station hospitals, depôts, sanatoria and staff military posts, together with an additional margin of 15 per cent. in each grade to provide for detachments and other temporary duties, and for absentees on general or sick leave. Effective strength.

56. Members employed in civil or miscellaneous duties, will be extra to the regular establishment and will be seconded, their names being borne in the army list in italics; and in the event of a casualty occurring by death or removal among those so seconded, no promotion will be made. Extra establishment.

57. Hospital apprentices who may be favourably reported on, will, according to vacancies and seniority, be required to join a medical college for a course of study extending over a period of three years, at the end of which time they will be required to pass a standard examination before they become eligible for promotion to the grade of passed hospital apprentice. Transfer to college.

58. The position on the list of passed hospital apprentice, and consequent promotion to the warrant grade, will depend on the place taken at the penultimate and final examination at the medical college. Promotion to passed apprentice.

59. Promotions from the rank of passed hospital apprentice to that of assistant apothecary, and from the rank of assistant apothecary to that of apothecary, will be made according to seniority, provided the subordinates qualify for such promotion by passing the prescribed examination, and are otherwise eligible as shown by their proficiency and good behaviour. Promotion to assistant apothecary and apothecary.

60. Acting promotion to a higher grade can only be made on the recommendation of the surgeon-general. Acting promotion.

61. Second class assistant apothecaries and apothecaries, who may attain to the first class of their grade after completing five years' service in the lower class, will be permitted to appear for examination after having completed four years' service in the second class, and will be required to show that they have not only kept up, but added to, their professional knowledge before they Examination of assistant apothecaries and apothecaries.

Section 5.]

Subordinate Medical Department.

II.

APOTHECARY CLASS—*continued.*

can be permitted to draw the increased pay of first class assistant apothecary or apothecary, as the case may be. Position will depend on service ; pay on qualification.

62. Assistant apothecaries after having served five years in the first class, or on their turn for promotion coming round (which will be intimated to them by the surgeon-general), whichever may occur first, will be required to undergo further examination for the purpose of showing that they have maintained their professional knowledge. If unfavourably reported on, they will be superseded on the occurrence of vacancies in the next higher grade until they pass a satisfactory examination and are reported fit for advancement.

Promotion on furlough.

63. Promotion to higher grades whilst on furlough will be conditional on passing a professional examination after return to duty.

Promotion of members sentenced to loss of position.

64. A warrant medical officer who has been sentenced to loss of position will, in the event of his not having already qualified for advancement, be permitted to appear for examination when the officer next above him is allowed to be examined.

Examinations for promotion.

65. Boards composed of three medical officers will assemble on the 15th January, 15th April, 15th July, and 15th October at all stations where candidates are serving, provided there are three medical officers available to form the board. Where a board of three medical officers cannot be assembled, it will be convened at the nearest station where the requisite number of members are available.

Character.

66. They will examine the subordinates' testimonials of character and conduct, and note in their report the number and nature of these documents.

Forms.

67. They will inspect the copies of forms in use, which subordinates are required to prepare in their own handwriting, and elicit their acquaintance, or otherwise, with the uses and object of these returns.

Anatomy.

68. They will ascertain the extent of the subordinate's knowledge in general and surgical anatomy, especially as respects the site, connections and functions of the viscera of the principal cavities, and their appearance in health and disease; the position and names of the principal trunks and branches of blood-vessels, and the ganglia, plexus, and branches of nerves; the origin and insertion of the muscles connected with the principal joints, and the anatomy of the joints themselves.

Surgery.

69. They will ascertain the subordinate's capability of performing all the minor operations, such as venesection, arteriotomy, cupping, opening abscesses and sinuses; the various modes of dressing the different kinds of wounds and ulcers; catheterism; introduction of the stomach pump; the signs and methods of reducing various kinds of dislocations; the treatment of fractures of particular bones; and knowledge of vaccination.

Subordinate Medical Department.

[Section 5.]

APOTHECARY CLASS—*continued.*

II.

70. They will, in materia medica and pharmacy, ascertain the subordinate's knowledge of the appearance, uses, and doses of the drugs usually included in the requisitions on medical store depôts; the nature and proportions of the ingredients which enter into the composition of the ordinary compound preparations in use in hospitals, and a facility of reading and writing extemporaneous prescriptions.

Materia medica
and pharmacy.

71. In the practice of medicine, they will ascertain the subordinate's acquaintance with the symptoms and mode of treatment of those diseases ordinarily enumerated in the medical returns, especially of those diseases of most frequent occurrence in India.

Practice of
medicine.

72. They will record their opinion of the subordinate's qualifications in the order in which they are set down in the proceedings, and will refrain from reporting any subordinate qualified for promotion unless sufficiently advanced for every duty required of him.

Result.

73. The proceedings, prepared on M. H. F. 31, will be forwarded, through the deputy surgeon-general, to the surgeon-general, who will grant the necessary certificates.

Proceedings.

74. Subordinates desirous of appearing for examination, will apply to the deputy surgeon-general fifteen days before the date fixed for the assembly of the board.

Applications to
appear for
examination.

75. Apothecaries are eligible for promotion to the rank of senior apothecary on the recommendation of the surgeon-general, Her Majesty's forces, who will be guided by conspicuous ability and merit in making the selection.

Promotion to
senior apothecary.

76. The above provisions will not include apothecaries in civil employ, unless they shall have previously performed considerable military service, and their character and merits shall entitle them to be so distinguished—points which will be determined by the surgeon-general with the government of India.

Exceptions.

77. Apothecaries so promoted, will be transferred to the military department to complete the percentage of seniors in that department.

Transfer of
apothecaries
promoted.

78. Apothecaries in possession of diplomas under the medical act of 1858 are eligible for promotion to the honorary rank of surgeon.

Promotion to
honorary
surgeon.

79. Warrant medical officers who have completed twenty-five years' service, exclusive of the period in the grade of hospital apprentice, but inclusive of all leave of absence, will, on retirement, be granted the honorary rank of surgeon if specially recommended for that distinction.

Honorary rank
on retirement.

80. First class assistant apothecaries may, if specially recommended as likely to profit by the measure, and if the exigencies of the service permit, be allowed to attend the medical college for a period not exceeding two years, to qualify themselves for the grade of assistant surgeon. On appointment to that grade they will be struck off the establishment of the subordinate medical department.

Assistant
surgeon class.

Section 5.]

Subordinate Medical Department.

II.

APOTHECARY CLASS—*continued.*

81. Assistant apothecaries cannot join the medical college, except as preliminary for the assistant surgeon class.

Quarters.

Quarters.

82. Subordinates employed on regimental or corresponding duty, are entitled to free quarters, or when marching, to camp equipage. While unattached, pending orders for their disposal, they do not forfeit their title to quarters, or compensation in lieu thereof. The scale of accommodation and furniture is detailed in the Bengal barrack regulations.

Quarters for families.

83. When leaving a station in temporary relief or on service, their families may be permitted to occupy, free of charge, any spare rooms in the medical subordinates' quarters at the station, provided the state is put to no extra expense.

Fuel.

84. Fuel is sanctioned to subordinates doing duty at hill stations, at the rate of forty pounds per diem in winter and twenty pounds in summer. The issue during the summer and winter months will correspond with the period of supply to the troops located in the same station.

Dress.

Uniforms.

85. The uniform is detailed in the Indian dress regulations.

Supply of uniform.

86. Warrant medical officers are required to pay for their uniform, but hospital apprentices will be supplied with it at the expense of the state (see paragraph 41).

Wearing of uniform.

87. Uniform will be worn by warrant medical officers on all occasions on duty ; hospital apprentices, passed and unpassed, will appear in their prescribed uniform at all times.

Purchase of swords and belts.

88. Warrant medical officers are permitted to purchase their swords and belts from the nearest magazine or arsenal on requisitions, in duplicate, submitted through the medical officer to the inspector-general of ordnance.

Issue of uniform on payment.

89. They are permitted to obtain their uniform, or the material only, from the army clothing agency on payment.

Payments.

90. Payments will be made through the pay department on receipt of valuation statements from the examiner of clothing accounts.

Requisitions.

91. Requisitions with size rolls, in duplicate, on press form 421, will be submitted on the 1st April for such uniform as may be required for that year. The size rolls to be headed in red ink "On payment." It will be stated in the form whether materials or made-up garments are required.

Specifications.

92. Specifications of quantities of cloth and materials allowable for each garment, can be obtained from the clothing department.

Signature of vouchers for arms.

93. Medical officers indenting on the ordnance department for any arms and accoutrements, such as revolvers, swords, waist-belts, &c., for the use of the subordinates of the medical department employed in the field, will countersign the delivery and

Subordinate Medical Department.

[Section 5.]

HOSPITAL ASSISTANT CLASS.

II & III.

receipt vouchers presented to them by the ordnance officers, after the articles have been supplied by them.

Invaliding.

94. When warrant medical officers are to be invalided, they will be examined by the standing medical board at the head-quarter station of the deputy surgeon-general; and the roll, B. F. 405, forwarded to the surgeon-general. A statement of all leave, other than privilege, recreation, and temporary leave, granted during their service will be appended to the rolls.

Invaliding procedure.

95. The medical attendant and invaliding board will certify in the proceedings, whether the warrant officer's disqualification for active service has, or has not, been occasioned by intemperance or irregular habits.

Disqualification for service.

96. On applying to retire on the pension of their rank, warrant officers will forward their rolls, B. F. 405 (the statement of disability and remarks of the board being omitted from the roll), and statement of leave, through the deputy surgeon-general, to the surgeon-general.

Retirement.

97. Warrant officers attaining the age of 55 years will be examined by the standing medical board at the head-quarter station of the deputy surgeon-general. If reported fit for further duty, they will be retained on the effective list for a further period of three years, retirement being then compulsory.

Register of ages.

III.—Hospital Assistant Class.

98. Boards composed of two medical officers and an interpreter, or if two medical officers are not available, of a medical officer and a combatant officer, will assemble at the head-quarters of deputy surgeons-general, and at such other stations as may be selected by the surgeon-general for the examination of candidates. One, or if necessary two, educated natives competent to examine in Urdu and Hindee—a regimental moonshee and pundit, an officer of the civil educational establishment, or a teacher in a medical school—will be appointed to attend the board for the purpose of assisting in testing the qualifications in the vernacular.

Examining boards.

99. The dates on which boards will assemble are—

Dates of examination.

Punjab,	15th April.
Bengal,	} 15th May.
North-Western Provinces,	
Oudh,	
Central Provinces,	

100. Candidates desirous of entering the hospital assistant class, must be between the ages of fifteen and twenty years, and be of healthy constitution and physically fit for the active duties of the service.

Persons eligible.

Section 5.]

Subordinate Medical Department.

III.

HOSPITAL ASSISTANT CLASS—*continued*.Persons in-
eligible.

101. Students who have been dismissed from medical schools for inefficiency or misconduct, are not eligible for examination.

Preference.

102. Admission is equally open to the sons of soldiers and of persons engaged in civil occupations. The preference in selection, attainments being equal, will be given to those who have already been attached to, or served in, civil or military hospitals.

Registration of
candidates.

103. They are required to register their names in the office of deputy surgeons-general a fortnight before the dates fixed for examination, and produce certificates of good character signed by either Europeans or natives of a respectable position.

Subjects of
examination.

104. Candidates possessing the qualifications of age, health, and character will be required to undergo an examination upon the following subjects :—

- a.* Reading with fluency a passage of some well-known work in Urdu and Hindee.
- b.* Explaining the meaning of words and phrases.
- c.* Reading with fluency a passage written in a fairly legible hand in Urdu and Hindee.
- d.* Writing from dictation in Urdu and Hindee. The writing and spelling will be carefully examined.
- e.* Arithmetic as far as the rule of three. A thorough knowledge will be required.

Urdu to weigh
more than
Hindee.

105. The Urdu knowledge of candidates should weigh more than that of Hindee, more especially in the upper provinces; and, while proficiency in the latter language will be carefully noted, an imperfect acquaintance should not necessarily cause the rejection of a candidate, provided his knowledge of Urdu is superior.

English quali-
fication.

106. If English is professed, the examination will be continued on the following subjects :—

- a.* The ability to read fluently and intelligently, ordinary English prose.
- b.* A knowledge of orthography, and the ability to write from dictation with a reasonable amount of correctness.
- c.* A complete knowledge of simple arithmetic as far as the rule of three.

Proceedings.

107. Boards will record the result of the examination on M. H. F. 4, which will be forwarded, through the deputy surgeon-general, to the surgeon-general. Candidates' names will be entered in full and in order of merit, the most promising and eligible candidates being placed at the head of the list, and so on according to the respective merits and qualifications of candidates.

Character
certificates.

108. Character certificates of passed candidates will accompany the document; those of unsuccessful candidates being at once

Subordinate Medical Department.

[Section 5.]

HOSPITAL ASSISTANT CLASS—*continued*.

III.

returned to them, with an intimation that they have failed to pass the entrance examination.

109. Boards will examine candidates as regards their physical fitness, and state in the proceedings whether they are of healthy constitution, of proper age, and physically fit for the active duties of the service. Physical fitness.

110. Paragraphs 19 and 20 are equally applicable to passed candidates for the hospital assistant class. Instructions to passed candidates.

111. Native medical pupils will be distributed to military hospitals under division or district orders, where they will remain attached for a period of one year. In distributing native medical pupils, deputy surgeons-general will allot them to institutions where they will receive the most efficient training. Appointment.

112. Deputy surgeons-general will arrange for the attestation of newly-appointed native medical pupils on their reporting themselves for duty. Two copies of the attestation document, M. H. F. 52, are required; one copy for the subordinate, and the second for the surgeon-general. Attestation.

113. Prior to attestation, deputy surgeons-general will acquaint native medical pupils with the nature of the duties they will be required to perform, such as dissections, &c. Nature of duties to be explained.

114. Native medical pupils will be required to sign a declaration (attestation document) engaging to serve government as hospital assistants for a period of not less than seven years from the date of their promotion to that grade, unless prevented by physical disability, which must be proved before a medical board, or, if they voluntarily seek their discharge before the expiry of that period, to refund whatever money they may have drawn from government in the shape of pay and allowances. After a service of seven years, they may demand their discharge in the time of peace. Terms of service.

115. Dressers of good character attached to hospitals and dispensaries who are considered qualified, and whose age does not exceed twenty-one years, may be allowed to join a medical school without undergoing one year's duty in a regimental hospital or civil dispensary; provided they pass the preliminary examination laid down for native medical pupils in paragraph 104. Admission of dressers.

116. Boards will be convened on the dates specified for native medical pupils, and the procedure laid down for them, paragraphs 101 to 103, will be held equally applicable to dressers. Examination of dressers.

117. Passed dressers will be admitted into the service as native medical pupils, and will be attested in the same manner as other native subordinates. Attestation of dressers.

118. On a native medical pupil being admitted into the service, a number will be assigned to him. This number will be inserted in every official document in which the subordinate's name is mentioned, and will be retained by him so long as he may remain in the service. Departmental number.

Section 5.]

Subordinate Medical Department.

III.

HOSPITAL ASSISTANT CLASS—*continued*.Commencement
of service.

119. The service of native medical pupils reckons from the date on which they pass the entrance examination, and they are entitled to all the advantages, excepting pension, from that date.

Instruction of
pupils.

120. Medical officers will be held responsible that native medical pupils are instructed in the following subjects :—

- a.* The weights and measures in use.
- b.* The names and uses of the most common instruments and appliances.
- c.* The names and properties of the more ordinary drugs and combinations, more especially of indigenous drugs.
- d.* The art of compounding and dispensing medicines.
- e.* Dressing and bandaging.
- f.* Hospital forms and returns.
- g.* The system of dieting patients.
- h.* The elements of anatomy and physiology, if possible.

Attendance at
hospital.

121. Regular attendance at hospital will be insisted on, and pupils will be cleanly dressed and wear the uniform prescribed in paragraph 131.

Attendance at
school.

122. Pupils will attend any school, English or vernacular, that may be available.

Examinations.

123. They will be required to pass an examination half-yearly, for the purpose of ascertaining their fitness to enter a medical college or school. These examinations will be conducted by the medical officer under whom they may be serving on the 15th April and 15th October of each year, and the result, given on M. H. F. 21, forwarded, through the deputy surgeon-general, to the surgeon-general.

Exemptions.

124. Native medical pupils who have been employed in the capacity of dresser or compounder to a hospital for a year previous to the examination may, if the surgeon-general so decide, be exempted from further hospital training, and be permitted to proceed at once to a medical school.

Transfer
documents.

125. On the transfer of native subordinates, medical officers will be held responsible that they are furnished with the following documents :—

- a.* Extract of orders.
- b.* Last-pay certificate, B. F. 133.
- c.* Record of fines, see paragraph 157.

In the case of medical pupils only, a last-clothing certificate, or a certificate showing up to what date compensation was paid, will be furnished in addition to the above.

Passage
certificate.

126. When native medical pupils are transferred to a medical college or school, the medical officer in charge will furnish him with a certificate stating whether a free passage by railway or bullock train has, or has not, been provided to the subordinate.

Subordinate Medical Department.

[Section 5.]

HOSPITAL ASSISTANT CLASS—*continued*.

III.

127. When ordered on duty from one station to another, native medical subordinates will be allowed three days to prepare for the journey; but should their services be urgently required, they will start within twenty-four hours after receiving orders to proceed. Period allowed to prepare for a journey.

128. The conduct and qualifications of native medical subordinates will be reported annually on M. H. F. 3. Reports on character.

129. Such hospital assistants as can from time to time be spared from the reserve maintained for military duties, may be lent to the civil department, but they are liable to be recalled whenever their services are needed. Reserve.

130. Hospital assistants are entitled to leave under the rules applicable to native ranks. Leave.

Clothing.

131. The following scale of clothing is sanctioned to all medical pupils, biennially:— Clothing.

- One blue cloth chupkun.
- One pair cloth trousers.
- Two white jean chupkuns.
- Two pairs jean trousers.

Both cloth and jean clothing will be supplied in one and the same year for the biennial issue in advance.

132. Requisitions and size rolls for clothing will be prepared on M. H. F. 6, and forwarded to the superintendent army clothing, on the 1st October of each year for the clothing which will fall due on the 1st April following for medical pupils in the service, and on joining for those newly appointed. In the case of transfers, the last clothing certificate will be furnished, and the appointment which the subordinate previously held will be noted in the requisition. Requisitions for clothing.

133. When not provided with clothing, compensation is admissible. Bills, in duplicate, for the same will be submitted to the examiner of clothing accounts for preaudit. Compensation for clothing.

English qualification.

134. Native medical subordinates, before becoming entitled to the higher rate of pay for English qualification, are required to pass, in addition to the subjects noted in paragraph 106, an examination to prove their ability to read and write English prescriptions intelligently. English examination.

135. These examinations will be conducted on the 15th April and 15th October of each year by the medical officer under whom the subordinates may be serving, and, in the case of hospital assistants qualifying for promotion to a higher class, by the board before which they are directed to appear. Dates of examination.

Section 5.]

Subordinate Medical Department.

III.

HOSPITAL ASSISTANT CLASS—*continued*.

Certificate.

136. Subordinates who pass a successful examination will be furnished, for the information of the pay department, with a certificate to that effect on M. H. F. 19. A duplicate copy of the same will be forwarded to the surgeon-general.

Promotions.

Transfer to college.

137. Native medical pupils who have served one year at military duty and those mentioned in paragraph 124 will, if favourably reported on, be required to join a medical college or school for a course of study extending over a period of three years, after which time they will be required to pass a standard examination before they become eligible for promotion to the grade of passed medical pupil.

Promotion to hospital assistant.

138. Promotions from the rank of passed medical pupil to that of hospital assistant. will be made according to seniority, provided the subordinates are eligible as shown by their proficiency and good behaviour.

Establishment.

139. The establishment of hospital assistants will comprise the number requisite for military duties, with a reserve of 25 per cent.

Advancement.

140. Hospital assistants are divided into three classes—1st, 2nd, and 3rd; advancement to a higher class being regulated by length of service (section 1, paragraph 9), provided they pass the prescribed examination.

Examinations for advancement.

141. Boards composed of three medical officers will assemble on the 15th April and 15th October at stations where there are three medical officers available to form the board.

Character.

142. They will examine the testimonials of character and conduct which the subordinates may submit, and note in their reports the number and nature of these testimonials.

Professional subjects.

143. They will ascertain the extent of the subordinate's knowledge in anatomy, surgery, vaccination, materia medica, and medicine.

English qualification.

144. They will test the progress in English of such hospital assistants as are drawing enhanced pay, and will record their opinion as to whether they have not only maintained this knowledge, but have also made fair progress in their acquaintance with the English language. The rules laid down in paragraphs 106 and 134 will be the guide in conducting this part of the examination.

Result.

145. They will record their opinion of the subordinate's qualifications in the order in which they are set down in the proceedings.

Proceedings.

146. The proceedings prepared on M. H. F. 17, will be forwarded, through the deputy surgeon-general, to the surgeon-general, who will grant the necessary certificates.

Applications to appear for examination.

147. Subordinates desirous of appearing for examination, will acquaint the deputy surgeon-general fifteen days before the date fixed for the assembly of the board.

Subordinate Medical Department.

[Section 5.]

HOSPITAL ASSISTANT CLASS—concluded.

III.

148. Hospital assistants are not eligible for examination until they have completed their septennial period of service. When eligible for examination.

Dress.

149. The uniform for hospital assistants is given in appendix III, which will be worn on all occasions of duty. Paragraphs 89 to 93 are applicable to hospital assistants. Uniform.

Quarters.

150. Native medical subordinates attached to military hospitals are entitled to free quarters, or hutting allowance in lieu. The scale of accommodation is detailed in the Bengal barrack regulations. Quarters.

Invaliding.

151. When hospital assistants are to be invalided, they will be examined by the standing medical board at the head-quarter station of the deputy surgeon-general, and the proceedings, B. F. 7, forwarded to the surgeon-general. Invaliding procedure.

152. When they have been passed by the invaliding board, the medical officer will furnish the circle paymaster with a return compiled on B. F. 338. Pension return.

153. Parchment certificate, B. F. 339, will also be furnished to the hospital assistant. Parchment certificate.

Fines.

154. Fine to any extent, not exceeding five days of the offender's pay, may be awarded by the officer commanding the regiment, detachment, or depôt to which the offender is attached, on the report of the medical officer under whom he is serving. A copy of the report and award will be forwarded, through the deputy surgeon-general, to the surgeon-general. Fines.

155. Any fine so awarded will be stopped from the offender's monthly pay next coming to him, and will be accounted for in the pay list, supported by a certified copy of the award by the commanding officer as a voucher for the deduction. Recovery of fines.

156. A record of all fines awarded under this rule will be kept by the medical officer in charge of the corps, in which will be specified the name and class of the offender, the date and nature of the offence committed, the amount of the fine, and by whom awarded. Record of fines.

157. In the event of the offender being subsequently transferred to any other appointment or duty, such record will be transmitted to the officer under whom he is to be employed. Transfer of record of fines.

Section 5.]

Subordinate Medical Department.

IV.

IV.—Duties.

Generally.

Duties confined to hospital.

158. The duties of medical subordinates will be strictly confined to the precincts of the hospital (unless otherwise stated), and to men, women, or children sick in, or attending, hospital. They will not attend on, or treat, officers, men, or their families when sick in their quarters or barracks.

Issue of medicines.

159. They are prohibited from issuing medicines on the requisition of *non-professional* persons, and except in cases of unavoidable necessity, no medicine will be supplied unless under the written orders of the medical officers attached to the hospital in which they are serving. Emergent prescriptions, however, forwarded to the nearest hospital for preparation, will be immediately attended to if signed by a medical officer.

Dispensing of medicines.

160. They will dispense and prepare all medicines, and will not under any circumstances delegate this duty to servants, and will supervise the application of dressing, &c., prescribed.

Responsibility for dispensing.

161. They are responsible for the accurate and neat preparation of all medicines, &c., and for these being distinctly labelled before leaving the surgery. The label will be initialled by the medical subordinate who dispenses it.

Arrival and departure reports.

162. They will, on arriving at, or leaving, any station in the command, report the circumstance for the information of the deputy surgeon-general.

Arrival report at Allahabad and Calcutta.

163. They will, on returning from leave beyond Indian limits, report themselves to the deputy surgeon-general at Allahabad if disembarking at Bombay, or at Calcutta if disembarking at that port.

Personal reports of arrival and departure.

164. They will report in person their arrival and departure to the staff officer and to the senior medical officer of any military station at which they may arrive, whether they are to remain there permanently or not.

Duties on command.

165. They will, when in temporary medical charge of troops proceeding from one station to another, report to the senior medical officer of each station they may pass through, the strength and number of sick, with their ailments. The senior medical officer will personally inspect all such detachments. On arrival at destination, they will take steps to deliver over all government stores and documents under the directions of the senior medical officer.

Attached to rest camps.

166. They will not be placed in medical charge of rest camps, but will only be attached to them for duty.

Not required to compile statistical returns.

167. They will not be required to prepare or compile the statistical returns and reports, unless when in medical charge of troops.

Not to proceed further than Deolali.

168. They will not, when proceeding with troops who are *en route* to England, proceed further than Deolali, except in cases of urgent necessity.

Subordinate Medical Department.

[Section 5.]

DUTIES—*continued.*

IV.

169. Applications and other official communications, will be sub-
mitted through the senior subordinate to the medical officer in charge. Submission of applications.

170. Every warrant medical officer is required to be in possession of a copy of the medical regulations, Her Majesty's forces, and will produce it at the inspection of the deputy surgeon-general. To be in possession of medical regulations.

171. The subordinate medical charge of hospitals and dispensaries will be preferentially given to those apothecaries and assistant apothecaries who have attained by examination the increased pay of the first class of their grade. Subordinate charges.

171a. The subordinate medical charge of station hospitals in the hills, is limited to two years.

172. Casualties by death, will be reported by medical officers on M. H. F. 55 to the deputy surgeon-general for transmission to the surgeon-general. In the case of hospital apprentices, the death will also be reported to the civil authorities, and every assistance afforded them to collect the effects of the deceased, and any arrears of pay due. Death report.

173. Cases of courts of enquiry on medical subordinates will be reported by medical officers to the deputy surgeon-general for the information of the surgeon-general. Reports of courts of enquiry.

174. All cases of discipline connected with medical subordinates attached to native troops and hospitals, such as placing them in arrest, &c., will at once, and previous to any report being made to superior medical authority, be brought to the notice of the commanding officer. Reports on discipline.

175. Medical subordinates will not, except with the special sanction of government, be employed as clerks, and their employment by medical officers in any private capacity is forbidden. Employment as clerks.

176. Applications for millitary appointments will be forwarded through the medical officer, who is required to state his opinion regarding the character, qualifications, and fitness of the applicant. Applications for appointments.

176a. Applications for civil employ are not to be submitted by medical subordinates individually. Executive medical officers are required to record the character and qualifications of medical subordinates, and their special fitness, or otherwise, for civil employ in the prescribed forms; and their remarks will be concurred in, or otherwise, by the deputy surgeon-general. Applications for Civil employ.

177. On the transfer of medical subordinates from one appointment to another, a return, prepared on M. H. F. 53, will be forwarded by the medical officer to the deputy surgeon-general, for transmission to the medical officer in charge of the hospital or dispensary to which the subordinate is appointed for duty. Transfer return.

178. In every hospital, a qualified medical subordinate will be detailed for a tour of duty not exceeding twenty-four hours. While on duty he will not leave the precincts of the hospital. Where a duty-room can be conveniently arranged, the medical sub- Orderly subordinate on duty.

Section 5.]

Subordinate Medical Department.

IV.

DUTIES—*continued*.

Duties of subordinate on duty.

ordinate on duty will remain in it during his tour of duty when not engaged in the wards.

179. The medical subordinate on duty will attend to all calls from patients in hospital, dispense all out-door prescriptions, and admit such cases as may be reported sick between the medical officer's visits.

180. He will at once report every case of an admission to the senior subordinate present for the medical officer's information.

181. He will attend the medical officer in charge on the occasions of the monthly inspections of hospital buildings and furniture.

182. He will inspect the ambulance carts daily, both on their starting and returning, and will report to the warrant medical officer in subordinate charge the loss of any petty fittings or other damage he may notice.

183. He will attend all officers on duty who may visit or inspect the hospital.

184. He will, when men are discharged from hospitals of British troops, parade them in their barrack clothing at the hour appointed by the medical officer in charge, and hand them over to the non-commissioned officer whose duty it is to march them to barracks.

185. He will, when a death takes place, arrange to have the body removed to the mortuary, and will be responsible that it is placed there with the utmost decorum and propriety.

186. He will, in hospitals of British troops, be present during the meal hours of patients, and see that every man allowed out of bed takes his meals at the table provided for the purpose.

187. He will visit the wards early in the morning, and see that every patient is washed and properly dressed, and the beds neatly made before the medical officer's visit.

Apothecaries.

188. Apothecaries are responsible, in the absence of medical officers, for the control and management of the hospital generally, and all orders issued by them in connection therewith will be strictly carried out by the juniors of the department, orderlies, and patients.

To carry out orders.

189. They will see that the orders of medical officers are punctually carried out.

Responsibility for equipment.

190. They are responsible to medical officers for the safe custody and care of the medical and surgical equipments, furniture, stationery, bazaar medicines, necessities, disinfectants, perishable miscellaneous articles and petty supplies.

Attendance at hospital.

191. They will be present, and will see that all the other medical subordinates and establishments are present, at the hospital during the period fixed for their personal attendance.

Subordinate Medical Department.

[Section 5.]

DUTIES—*continued*.

IV.

192. They will be responsible that all cases admitted between the visiting hours of medical officers, and any serious case of illness occurring in the hospital, are at once reported to the latter, and that in the meantime all necessary steps are taken for their proper treatment. Report of admissions.

193. They will receive the articles of diet from the purveyor or other commissariat agent; and after the inspection by the medical officer, will give the necessary orders concerning the preparation of diets. Preparation of diets.

194. They will visit the sick occasionally during the day, and will see that medical subordinates in charge of wards are carrying out the orders of medical officers. They will make their last ordinary visit at tattoo, accompanied by the medical subordinate on duty, and see that every patient is in bed, and that fires and tattoo lights are extinguished. Visits to the sick.

195. They will be expected to know every case in hospital, with the treatment, diet and extras of all important ones, and will see that the bed-head diet sheet, M. C. F. 1, is suspended over the bed of every patient. Knowledge of cases.

196. They will see that the wards are kept clean and properly ventilated; that clean clothing and bedding are issued to the patients on the days appointed by medical officers; that wash-houses, latrines, and urinaries are kept pure and in good order; and that the articles of diet are properly prepared and brought into the wards in a clean and careful manner. Sanitary duties.

197. They will see that the hospital filters are in working order, and that the water-carriers aerate the charcoal, change the sand, and reburn the charcoal according to regulations. Cleansing of filters.

198. They will have charge of the lighting of the hospital, and receive over from the purveyor daily the quantity of oil required. Lighting.

199. They will bring to the notice of medical officers any carelessness, negligence, or insubordination of any subordinate, soldier, or servant in or attached to the hospital. Report of irregularities.

200. They will allot such duties to the subordinates and servants as they may find necessary for carrying out the orders of medical officers. Allotment of duties.

201. They will be held responsible for the conduct of all hospital apprentices, and are expected to interest themselves in their career, and to guide and assist them in their professional labours. Should it come to their notice that hospital apprentices are living beyond their means and contracting debt, they will take such measures as may appear necessary, with the approval of medical officers, to prevent their falling into this evil habit. Training of apprentices.

202. They will instruct unpassed hospital apprentices in the subjects noted in paragraph 25. Instruction of apprentices.

203. They will be held responsible for the correctness and submission of all returns required in connection with their duties. Correctness of returns.

Section 5.]

Subordinate Medical Department.

IV.

DUTIES—*continued.*

Duties of apothecary attached to army head-quarters.

Conduct of duties while absent from Simla.

204. They will train the junior subordinates in the office routine of hospitals, and will apportion such work as may appear desirable.

205. The apothecary attached to army head-quarters will afford medical aid to the clerks and families and native establishments of the several offices belonging to the staff of the army. Should the apothecary at any time consider it necessary, the surgeon to the commander-in-chief may be called in for consultation. The tenure of appointment of apothecary is limited to three years.

206. During the commander-in-chief's absence from Simla, a first class assistant apothecary will be detailed for the march and under other exceptional circumstances as they occur. While at Calcutta the necessary medicines for army head-quarters staff will be furnished from the garrison dispensary.

Assistant Apothecaries.

Duties of apothecaries applicable to assistants.

Sharing of duties.

Ward duties.

Tuition of apprentices.

Permission for being absent.

207. When assistant apothecaries succeed to the subordinate medical charge of a hospital, the statement of the duties appertaining to apothecaries is equally applicable to them.

208. They will share the duties and responsibilities of the hospital with the apothecary, acting under orders of the latter.

209. They will be placed in charge of one or more wards, for the cleanliness and order of which they will be held responsible, and will carry out the duties in connection therewith as laid down in paragraph 196.

210. They will assist the apothecary in the tuition and management of the apprentices.

211. They will not leave the hospital without first obtaining permission from the apothecary to do so; and in case of subordinates on detached duty, from the medical officer.

Hospital Apprentices, passed and unpassed.

Attendance at hospital.

Obedience to orders.

Ward duties.

Duties of unpassed apprentices.

Dispensing and dressing.

212. They will be present at the hospital at such hours as may be appointed by the apothecary for instruction and hospital duties, and will not leave the hospital without first obtaining his permission to do so.

213. They will yield implicit obedience to the orders of the apothecary or assistant apothecary.

214. Passed hospital apprentices will be put in charge of one or more wards, and will carry out the duties as detailed in paragraph 196.

215. Unpassed hospital apprentices will attend at all visits to the wards, so as to become familiar with the duties for which they are under training.

216. They will, *when qualified*, assist both as dispensers and dressers and make themselves generally useful.

Subordinate Medical Department.

[Section 5.]

DUTIES—continued.

IV.

217. They will take a tour of orderly duty under the assist- Tour of duty.
ant apothecary or passed hospital apprentice, and will carefully
attend to all directions given by him.

218. They will not, under any circumstances, be entrusted Prohibition to
with the performance of duty involving responsibility; nor will undertake
they be directed to proceed with parties of troops, unless accom- responsible
panied by a commissioned or warrant medical officer. duties.

219. They will report themselves every night at tattoo to the Report at tattoo.
apothecary, and will on no account be absent from the hospital
or quarters after tattoo without the permission of the medical
officer obtained through the apothecary.

Hospital Assistants.

220. Hospital assistants will be present during the hours of Attendance at
hospital visit of the medical officer and the apothecary. hospital.

221. They will not absent themselves from hospital without Permission to be
permission. absent.

222. They will have charge of the native ward, dispense and Ward duties.
administer medicines and stimulants, and treat the inmates under
the superintendence of the medical officer and senior warrant medi-
cal officer.

223. They will make weekly sanitary inspections of native Sanitary duties.
lines, bazaars, and officers' compounds, reporting to the medical
officer any nuisances they may have observed.

224. They will afford medical aid to officers' servants and Medical
their families when in need of it. attendance.

225. They will inspect, from time to time, the hot-weather Medical
establishment attached to corps during the time they may be inspections.
employed, and will report the result of all such inspections to the
medical officer.

226. They will see to the evacuation and disinfection of the Disinfection and
dwellings of native followers in the event of the appearance of fumigation.
epidemic or contagious disease amongst them.

227. They will, after having passed the English examination, Clerical duties.
keep up the hospital register for native followers, M. H. B. 9,
and prepare the bed-head ticket, B. F. 481.

228. They will attend to the cleanliness and discipline of the Attend to
hospital, assist in arranging a proper dietary for the sick, and cleanliness and
supervise the administration of wines and comforts ordered by the discipline.
medical officer, and see that the men get what is ordered for them.

229. They will assist in preparing the several returns and Assist in
reports to the best of their ability, and render themselves as useful preparation of
as possible in all medical and sanitary duties connected with the returns.
charge.

230. They will assist in vaccination, and will explain to sepoy Vaccination.
and others the meaning and advantages of the practice.

Section 5.]

Subordinate Medical Department.

IV.

DUTIES—*concluded*.Duties with
detachments.

231. They will, when placed in charge of detachments, be held responsible for the treatment of the sick and the custody and care of hospital stores.

Supervision of
medical pupils.

232. They will be held responsible for the conduct of all medical pupils, and are expected to interest themselves in their career, and guide and assist them in their duties.

Instruction of
medical pupils.

233. They will instruct native medical pupils in the subjects noted in paragraph 120.

Duties of
medical pupils.

234. The duties of passed medical pupils and medical pupils are similar to those laid down for passed hospital apprentices and hospital apprentices, respectively.

[NOTE.—Sections and paragraphs to be quoted, and not pages.]

SECTION 6.—ARMY HOSPITAL NATIVE CORPS.

Section 6.

I.

I.—Administration.
II.—Constitution.
III.—Interior Economy.
IV.—Clothing.

V.—Quarters.
VI.—Leave.
VII.—Records and Returns.
VIII.—Duties.

I.—Administration.

1. The corps is subject to the orders of the commander-in-chief. Under commander in-chief.
2. It is organised for duties in connection with the hospital service of the British army, and is an intergal part of the military medical service. Why organised.
3. The surgeon-general, Her Majesty's forces, is charged with the command and administration of the corps. Command.
- 3a. He will be assisted by a staff officer, who will be selected from the warrant officers of the subordinate medical department. Staff officer.
4. The head-quarters of the corps will be at the office of the surgeon-general, Her Majesty's forces. Head-quarters.
5. The corps will be divided, for administrative purposes, into as many detachments as there are divisions or districts of medical administration, and, subject to the general or other officer commanding, the deputy surgeon-general will have authority in all matters of discipline affecting the corps in his division or district. Administration.
6. The detachments serving in the several divisions and districts of medical administration, will be considered as separate units of the corps, each detachment having a distinctive letter, as follows :— Detachments.

Presidency district	.	.	.	.	A detachment.
Allahabad division	.	.	.	.	B „
Oudh division and Rohilkund district	.	.	.	.	C „
Gwalior and Saugor districts	.	.	.	.	D „
Meerut division	.	.	.	.	E „
Sirhind division	.	.	.	.	F „
Lahore division	.	.	.	.	G „
Punjab frontier force	.	.	.	.	H „
Rawal Pindi division	.	.	.	.	J „
Peshawar district	.	.	.	.	K „
Eastern frontier district	.	.	.	.	L „

7. Each detachment will be divided into as many sections as there may be separate medical charges. Sections.
8. The medical officer in charge of each hospital, will have disciplinary control over the hospital-attendants of the corps, but will Disciplinary control by medical officers.

Section 6.]

Army Hospital Native Corps.

I, II & III.

INTERIOR ECONOMY.

refer to the deputy surgeon-general, and, when necessary, to the officer commanding the station, such cases as require to be dealt with by courts-martial.

Disciplinary
control by war-
rant officers.

9. Warrant officers of the subordinate medical department, will have similar authority, under the medical officers, to command all hospital-attendants of the corps, but will not have power to inflict punishment of any description, except when in independent medical charge.

II.—Constitution.

Qualifications
for enlistment.

10. The corps will comprise such men as may be qualified by age and physical fitness to be enlisted and attested under the rules in force.

Attestation.

11. Recruits will be enlisted and attested under the Indian articles of war as “hospital-attendants” of Her Majesty’s Indian army.

Classes.

12. Hospital-attendants will consist of the following classes, *viz.*: —

Ward-servants,
Cooks,
Water-carriers,
Sweepers,

but the duties of the several classes will not be interchangeable. Each of the above classes will be divided into three grades, *viz.*, 1st, 2nd, and 3rd grades.

III.—Interior Economy.

Recruiting and enlistment.

Age for enlist-
ment.

13. No recruit will be enlisted for the corps who is under 18 or over 25 years of age, and no man will be re-enlisted who is over 35 years of age.

Physique.

14. The standard of physical fitness will generally be the same as that for native army recruits; but in cases of cooks and sweepers, in whom physique is of less importance, an enlarged discretion as regards height and chest measurement will be given to enlisting officers.

Examination by
medical officer.

15. Recruits, before being enlisted, will be examined and pronounced fit for the service by a medical officer. Appearance of strength, activity, and smartness will be the principal guide in the selection of recruits.

Terms of enlist-
ment.

16. Recruits will be enlisted for general service, and no man will be accepted who does not distinctly undertake to serve beyond sea, whether within or beyond the territories under the Indian government, and to perform all the duties laid down for his class. The liability to be sent on foreign service, and the obligations in

Army Hospital Native Corps.

[Section 6.]

INTERIOR ECONOMY—continued.

III.

this respect under which they voluntarily place themselves, will be explained to the recruits at the time of their enlistment.

17. Prior to enlistment, recruits will have the following declaration read to them in the vernacular, in the presence of the men of the corps belonging to the hospital at which they enlist:—

“In time of peace, after you have served for three years from the date of your attestation, you may claim your discharge, through the medical officer under whom you are serving; and it will be granted to you within two months from the date of your application, provided that it will not cause your class in the corps to be five per cent. below its full complement; in which case you will have to remain in the service until that objection is removed, or is waived by competent authority.

“But in time of war, or of exceptional sickness, or when war is imminent, you will have no claim to such discharge, and you will have to remain and do your duty until such necessity for retaining you in the service shall cease.

“In the event of your re-enlisting, after having taken your discharge, you will have no claim to reckon your service in the corps previous to such discharge.”

18. Enlistment will be for unlimited service, under the conditions noted in the form of declaration; but, except with the sanction of government to the contrary, service in the corps will cease absolutely at the age of 55 years.

19. All men duly enlisted and attested for the corps, will be entitled to pay of their class and grade from the date of such attestation inclusive.

20. The enlistment and re-enlistment of men of the corps will be conducted according to divisions and districts of medical administration. Deputy surgeons-general are authorised to sanction the enlistment, or re-enlistment, of suitable persons by medical officers, at any place in the division or district where eligible candidates may offer themselves.

21. Medical officers so authorised will enrol applicants, and prepare attestation papers on A. H. C. F. 1 in duplicate. Such duplicate attestation papers will be completed before a justice of the peace, or a magistrate, or other official to that effect authorised, and will be then disposed of as follows:—

One copy to be deposited in the office of the surgeon-general, Her Majesty's forces, and the other kept in the office of the deputy surgeon-general of the division or district in which the individual so attested may, from time to time, be serving.

22. In the absence of a justice of the peace or magistrate, officers commanding stations, or officers empowered by them, are authorised to attest recruits.

23. The general terms and conditions of service will be those contained in the form of declaration on enlistment and attestation.

Declaration.

Period of service.

Pay admissible from date of attestation.

Enlistment how conducted

Attestation.

Conditions of service.

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III.

INTERIOR ECONOMY—*continued*.

Descriptive roll. 23a. On the enlistment of recruits, a descriptive roll in duplicate, B. F. 398, will be prepared separately for each man, and forwarded to the civil officer of the district to which the recruit belongs. The district officer will cause the rolls to be verified, and retain one copy for registry in his office. The duplicate copy will be returned to the medical officer by the district officer, for transmission to the surgeon-general.

Detachments to be kept up to strength. 24. Every effort will be made to keep each detachment of the corps up to its authorised strength. Deputy surgeons-general may avail themselves of the services of hospital-attendants going on furlough to bring recruits with them on return, should any difficulty arise in procuring them locally.

Corps number. 25. On a hospital-attendant being attested, a number will be assigned to him by the surgeon-general. This number will be inserted in every official document in which the attendant's name is mentioned, and will be retained by him so long as he may remain on the effective establishment of the corps.

Promotion.

Advancement. 26. Advancement, in any class, from one grade to another, will be made by deputy surgeons-general on the recommendation of the medical officer in charge of the hospital in which the man is serving, the promotion roll being forwarded to the surgeon-general.

Qualifications for advancement. 27. Such advancement will depend on proficiency in ordinary work, as detailed in paragraph 29, good conduct, and length of service. A colloquial knowledge of English, and in case of ward-servants and cooks, ability to read and write in the vernacular, will be considered additional important qualifications for advancement.

Advancement to be regulated by strength. 28. Advancement to the superior grades in the several classes will be regulated by the strength of the corps for the time being; the aggregate strength of each class and grade being under no circumstances exceeded.

Subjects of examination. 29. Hospital-attendants, before being eligible for advancement to the second grade of their respective classes, will require to pass an examination in the following subjects:—

Ward-servants.

Application of fomentations.

„ sinapisms.

„ blisters.

Preparation and application of poultices.

Minor dressings and bandaging.

Administering enemias.

The management of helpless patients with reference to moving, changing, cleanliness, feeding, &c.

The best mode of cleaning windows, furniture, lamps, &c.

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[Section 6.]

INTERIOR ECONOMY—*continued*.

III.

Cooks.

Ingredients which comprise the several diets.

Names and uses of the several kitchen utensils.

Preparation of all delicacies, such as soups, jellies, puddings, &c.

Water-carriers.

Cleaning and charging filters.

Sweepers.

Care, custody, and application of leeches.

Dry-earth system of conservancy.

30. Hospital-attendants will, subject to the conditions herein-
after mentioned, become entitled to good-conduct badges after the
following terms of service:—

After 3 years' service	.	.	.	1 badge.
„ 6 „ „	.	.	.	2 badges.
„ 9 „ „	.	.	.	3 „
„ 12 „ „	.	.	.	4 „

Good-conduct
badges.

31. No man will be entitled to good-conduct pay of the first
rate, unless he has been clear of a corps defaulter book for two
years; nor will he become entitled to advancement to the next
higher rate, unless and until he has been in uninterrupted posses-
sion of the next lower rate for one year.

Qualifications
for good-con-
duct badges.

32. Advancement to a higher rate of good-conduct pay will be
notified in hospital orders, entered in the record of service, and in
the next succeeding muster-roll, as well as recorded in division or
district medical head-quarters.

Publication of
orders regard-
ing good-con-
duct badges.

33. Claims for good-conduct pay will be arranged by the medi-
cal officer under whom the individuals are serving; the necessary
entry, to enable the charge being passed, will be made in the
muster roll and pay list.

Settlement of
claims for good-
conduct pay.

Discipline.

34. The maintenance of discipline will be in the hands of com-
missioned medical and warrant medical officers, subject, in certain
stated cases, to the control or orders of superior medical authority.
Military authority will be resorted to, however, in cases likely to
lead to trial by court-martial, or summary dismissal. For the pur-
poses of the 5th article of war, the surgeon-general will exercise
the functions of commanding officer.

Maintenance of
discipline.

35. The consequence of dismissal, whether summary, awarded
by court-martial, or involved by its sentence, will be the same as in
the case of soldiers of the native army.

Dismissal.

36. Cases not disposed of under the summary powers given to
medical officers, will be reported, with full particulars and opinion, to

Disposal of
cases.

Section 6.]

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III.

INTERIOR ECONOMY—*continued*.

the deputy surgeon-general, who will dispose of them according to circumstances, submitting, with his own remarks, such as may demand trial, for the orders of the officer commanding the station, district, or division, as the case may be.

Court-martial.

37. The rules contained in the Indian articles of war regarding preliminary procedure for trial by court-martial, together with the results of conviction and sentence, will be applicable to the army hospital native corps.

Investigation of cases.

38. Hospital-attendants guilty of offences will be brought before the medical officer in charge for disposal next morning, except on Sundays, when they will be held over till Monday.

Crime form.

39. When defaulters of the corps have been disposed of, the crime form, A. H. C. F. 4, for offences which involve entry in the corps defaulter book (see paragraph 48) will be forwarded, through the deputy surgeon-general, to the surgeon-general.

39a. Crime forms forwarded to head-quarters for record in the corps defaulter book, will specify under the heading "Offence" the particular article of war under which the hospital-attendant has been awarded punishment, as well as the offence in detail. Neglect of duty will be specified in detail.

Complaints.

40. Hospital-attendants having cause of complaint will report the matter to the warrant officer on duty or in subordinate charge. The latter will investigate the case, and redress or report the grievance to the medical officer, as the case may require. In the event of the medical officer being unable to dispose of the case, he will report in writing the circumstances connected therewith for the orders of the deputy surgeon-general.

Gambling.

41. Gambling of whatever description is forbidden.

Salute.

42. Hospital-attendants will salute in the ordinary native method, "Salaam."

Deserters.

Descriptive roll of a deserter.

43. When a hospital-attendant deserts, the medical officer will forward a descriptive roll, B. F. 638, of the man, with all the information in his power, to the civil and police authorities in the station, and to the civil authority of the district to which the deserter belongs, and adopt prompt measures to ensure his apprehension. Desertions will be reported to the surgeon-general.

Reward for deserters.

44. Five rupees reward will be given on conviction to any person who may apprehend, or give information which may lead to the apprehension of, a deserter, to be drawn on a contingent bill in the pay department.

Subsistence allowance for deserters.

45. From date of apprehension to date of joining the hospital, deserters will be subsisted by the commissariat department; the actual expenses, not ordinarily exceeding 1 anna and 8 pies per diem, to be charged. The allowance for journeys by rail will be issued for the necessary number of days' journey, and for eight days for

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INTERIOR ECONOMY—*continued*.

III.

every seven marches by road. The allowance will be given to the guard, with a certificate specifying the amount and date of delivery.

46. The effects of a deserter who has not been apprehended will be publicly sold, and the proceeds—after payment of all corps claims only—remitted to the comptroller general of accounts. The arrears of a deserter's pay will not be drawn, but will lapse to government. Effects of deserters.

47. The proceedings of courts of enquiry on deserters will be prepared on A. F. B 115, and forwarded for the orders of the surgeon-general. Reports of deserters.

Minor punishments.

48. The following minor punishments can be awarded to men of the corps:— Minor punishments.

a. Deprivation of furlough, or temporary leave of absence.

This punishment, which may be awarded by the medical officer in charge of the hospital, does not involve entry in the corps defaulter book, A. H. C. B. 3.

b. Fine, not exceeding the undermentioned amounts in the aggregate in any one month, namely,—

In case of a first grade attendant 8 annas.

Ditto second ditto 6 „

Ditto third ditto 4 „

To be awarded by the medical officer in charge of the hospital, and to be realised from the next issue of pay, and accounted for in the next succeeding muster roll and pay bill. Individual fines of less than the above maximum not to involve entry in the corps defaulter book; but an entry therein will be made when the maximum fine is awarded at once, or when the aggregate of petty fines in any month reaches the aforesaid maximum.

c. Deprivation of good-conduct pay, to be awarded, on the recommendation of the medical officer in charge of the hospital, by the deputy surgeon-general. Such deprivation may be awarded alone, or in conjunction with another minor punishment, according to the circumstances of the case; but it is not to exceed a single rate of good-conduct pay for any one offence, or for several offences disposed of at one and the same time. This punishment will involve entry in the corps defaulter book.

d. Degradation to lower grade of pay, either absolutely or for any stated period not less than one month, may be awarded, on the recommendation of the medical officer in charge of the hospital, by the deputy surgeon-general, and will involve entry in the corps defaulter book.

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Army Hospital Native Corps.

III.

INTERIOR ECONOMY—*continued*.

- e. Imprisonment, to the extent of four complete days, reckoned from the time of the award, and causing loss of pay as provided by the 154th article of war, may be awarded by the medical officer in charge of the hospital, and will involve entry in the corps defaulter book.

Forfeiture of service.

49. Forfeiture of service rendering a hospital-attendant ineligible for good-conduct pay, can only be awarded by a general, garrison, or district court-martial, for disgraceful conduct. Good-conduct pay may be forfeited either by award of a court-martial, or as a consequence of a conviction by court-martial, or by order of the deputy surgeon-general; in any such case, the hospital-attendant must serve for one year without an entry in the corps defaulter book before restoration of one rate of good-conduct pay, and an additional year without such entry before restoration of any further rate he may have forfeited.

Disqualification for good-conduct badges.

50. A disqualifying entry within a year of loss of a badge, will involve the necessity of two years' service without another entry from date of the original forfeiture, before a badge can be recovered. The date of original forfeiture shall mean, in the case of a summary award, the date of such award; and in the case of the sentence of a court-martial, or of forfeiture as a consequence of such sentence, the date of the expiry of the sentence, or of the commuted sentence.

Forfeiture of good-conduct badges.

51. The forfeiture and recovery of good-conduct pay will be notified in hospital orders, recorded at division or district headquarters, and entered in the record of service and in the next succeeding muster roll.

Simple imprisonment.

52. Hospital-attendants sentenced to simple imprisonment, will undergo their punishments in the buildings of the station used for native military prisoners.

Imprisonment with hard labour.

53. Whenever a hospital-attendant is delivered over to the civil power to undergo imprisonment with hard labour, a descriptive roll will be furnished with the warrant of commitment. (See appendix IV.)

Discharges.

Discharges.

54. All men joining the corps, will be entitled to claim their discharge after completing three years' service from date of attestation, except in time of war, or when war is imminent, or during the prevalence of exceptional sickness; and provided that their branch of the corps be not five per cent. below its full complement.

Reckoning of previous service towards pension.

55. Men who voluntarily take their discharge, and subsequently re-enlist, will not be permitted to count their previous service towards gratuity, pension, or good-conduct pay.

Discharge of recruits.

56. Medical officers may discharge recruits (that is, men still unattested) who prove to be of bad character, or are obviously unlikely to become efficient hospital-attendants.

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[Section 6.

INTERIOR ECONOMY—*continued.*

III.

57. Applications for the discharge of men duly enlisted and attested, on the grounds of bad character, will be submitted through the local military authorities, and will be accompanied by a descriptive roll, A. H. C. F. 9, full account of the general character of the individual, a statement of his field service, or if he has none, an entry to that effect, a certified extract from the hospital defaulter book, A. H. C. F. 3, and an extract from the proceedings of any court-martial by which he may have been convicted. Applications for discharge.

58. Every hospital-attendant on being discharged the service will be furnished with a discharge certificate, B. F. 479. Discharge certificate.

59. In all cases of the discharge of men under the authority of the commander-in-chief, the number and date of the communication conveying the same will be inserted in the discharge certificate, and if such discharge is in consequence of the proceedings of a court-martial, the nature of the offence will be stated. Authority for discharge to be noted in certificate.

Gratuities.

60. Hospital-attendants of short service (under twenty years), recommended for discharge on account of physical unfitness (see paragraph 67), will be brought before the annual invaliding board, their names being entered in rolls, B. F. 487, distinct from those of men recommended for transfer to the pension establishment. Invaliding with gratuity.

61. If a hospital-attendant becomes altogether unfit for duty subsequent to the assembly of the annual board, the medical officer will report the circumstance to the deputy surgeon-general, under whose orders a special medical board will be convened for the purpose of disposing of the case. In the event of it being impracticable to assemble a board, the surgeon-general is empowered to summarily dispose of the case on the certificate of the medical officer. Invaliding subsequent to assembly of board.

62. The cases of men under six years' service recommended to be discharged under the conditions contained in the preceding paragraph, will be disposed of by the surgeon-general. Invaliding of short-service men.

63. Men who become incapacitated for duty in the twentieth year of their service, will not, except under very special circumstances, and with the sanction of the commander-in-chief, be discharged with gratuity. Such cases will be considered by the first invaliding board which assembles after the individual has completed the term of service qualifying for pension. Invaliding of men in their twentieth year of service.

Invaliding.

64. Hospital-attendants, who are declared by invaliding boards to be unfit for further service, are eligible to the benefits of the pension establishment after twenty years' service. Invaliding of men of over twenty years' service.

65. The ordinary pension is claimable after thirty years' service, irrespective of fitness or unfitness for further service; and it is Invaliding of men of over thirty years' service.

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Army Hospital Native Corps.

III.

INTERIOR ECONOMY—*continued*.

in the power of the commander-in-chief to remove any man to the pension establishment after that period of service.

Invaliding
boards and
rolls.

66. The invaliding of hospital-attendants will be conducted by the medical boards which annually assemble for invaliding British and native soldiers. Invaliding rolls, B. F. 487, to which the medical history sheet, M. H. F. 74, of each proposed invalid will be attached, will be submitted to the president of the board.

Duties of
boards.

67. Medical boards will ascertain whether the men presented for invaliding are actually unfit for further effective service, according to the following circumstances:—

- a. Men of short service (under twenty years), who have become physically unfit for the duties of a hospital-attendant from disease contracted, wholly or chiefly, on field service, or from protracted disease showing itself in the course of their service, to whom treatment in hospital, and repeated visits to their homes on sick leave, have afforded no benefit; and men who originally enlisted in feeble health and strength should be discharged.
- b. Men of the full period of twenty years' service, who have contracted, during their military service, disease of such a nature and duration, as to offer very little hope of recovery, and have become inefficient hospital-attendants and incapable of undergoing further military duty and endurance.
- c. Men of over twenty years' service, who, although not much in hospital and not suffering from disease, yet from old age and length of service, have become debilitated and physically incapacitated for further active service; and whose senses and mental perceptions and general intelligence have become so dull and impaired, as to render them unable to perform their hospital duties to the satisfaction of their medical officers.

Cause of unfitness to be stated

68. Boards will specially record the cause of unfitness of men who may be considered unfit for any further duty.

Separate rolls for men who have brought disorders on themselves.

69. Men who have served the prescribed period entitling them to a gratuity or pension, and who have brought disorders on themselves by over-indulgence in drugs, or from other causes, will be reported on in separate rolls, and their cases submitted to the commander-in-chief, through the surgeon-general. In all doubtful cases, however, medical boards will call for the testimony of such persons as may be in a position to afford any evidence connected with such claims, with a view of enabling the board to arrive at a proper understanding of such cases.

Separate rolls for men pensioned on account of wounds.

70. Separate rolls will be prepared for men of short service recommended for pensions on account of wounds and injuries; the nature and cause of wounds, injuries, or disorders, which render

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[Section 6.]

INTERIOR ECONOMY—*continued*.

III.

them unfit for further service, will be fully stated in the rolls. In all cases of wounds received in action, the medical officer will record the date and place of occurrence, and in cases of injury alleged to have been sustained in the execution of any public duty, the medical officer will, in addition to the above particulars, state the precise manner in which the injury was received, as also whether or not the individuals have performed their duty between the date of receipt of the injury, and that of their being brought before the board.

71. Men affected with leprosy will, in all ordinary cases, be brought before the annual invaliding board for disposal as follows :—

- a. Men of full service to be transferred to the pension establishment in the usual course.
- b. Men of short service to be discharged with such amount of gratuity as may be awarded by government. In these cases the board will record the nature and extent of the disease.

72. The invaliding rolls, B. F. 487, together with the medical history sheet, M. H. F. 74, will be forwarded, through the deputy surgeon-general, to the surgeon-general.

73. Men passed by medical boards will be struck off the strength of the corps from the date of receipt, at the station in which they are serving, of the controller of military accounts' circular authorising their discharge.

74. Pension rolls, B. F. 338, and parchment certificates, B. F. 339, will be completed and forwarded by the medical officer to the paymaster of the circle in which the pensioner intends to reside.

75. The authorised advance of pension, drawn on B. F. 157, and last-pay certificate, B. F. 709, will be made over to the men prior to their obtaining permission to proceed to their homes, and they should be informed when and where their future allowances will be disbursed.

76. Medical officers will be held responsible that the arrears of pay due to the men invalided are settled, and that the certificates supplied to men correspond with the invaliding roll. They will forward to the surgeon-general and paymaster of the circle in which the pension is in future to be paid a statement showing all claims that remain unadjusted after the date on which the men are struck off the rolls.

Casualties.

77. The estates of deceased hospital-attendants will be disposed of under the instructions contained in the Indian articles of war.

Section 6.]

Army Hospital Native Corps.

III & IV.

CLOTHING.

Disposal of estates of men killed in the field.

78. When a hospital-attendant dies or is killed in the field, the medical officer will—if no representative of such person be on the spot—secure his effects, cause an inventory to be made, and order them to be sold by public auction in the presence of the senior warrant officer.

Payment of debts and funeral expenses.

79. The funeral expenses and debts will be paid out of the proceeds, and the surplus, if any, will be made over to the heir-at-law. In the event of no claim for the surplus being established, the amount will be remitted to the controller of military accounts.

Nominal rolls.

80. All payments made to the controller of military accounts, will be accompanied by nominal rolls specifying the dates of the casualties.

Payment of proceeds.

81. The testimony of hospital-attendants of respectable character will, in addition to the receipt of the representative, be considered as sufficient to warrant the payment of an estate to a claimant.

Contested claims.

82. In contested claims of succession, the medical officer will pay the surplus of the estates into the court in which the suit may be instituted.

Settlement of claims after disposal of proceeds.

83. In the event, however, of a claimant being found after the proceeds have been made over to the controller of military accounts, and the medical officer is satisfied, after the fullest possible enquiry, that the claim has been satisfactorily established, application may be made to the controller of military accounts for the sum deposited.

Certificate for payment of proceeds.

84. Claimants who, however, apply personally to the controller of military accounts, must produce a certificate from the medical officer to the effect that the claim has been investigated and found to be just.

Death report.

85. Deaths will be reported to the surgeon-general on the medical history sheet.

IV.—Clothing.

Description of clothing.

86. Uniform clothing, of the requisite cut for Mussulmans and Hindus, respectively, and appointments will be issued by the clothing department at the expense of the state as follows :—

Ward-Servants.

Chapkans, reaching not less than 14 inches below the waist.—

Every two years one of blue serge with scarlet braiding on seams and cuffs; every year two of white longcloth.

Puggri.—Every two years one of blue and scarlet cotton.

Cooks.

Chapkans, reaching not less than 10 inches below the waist.—

Every two years one of blue serge with scarlet braiding on seams and cuffs; every year two of white longcloth.

Puggri.—Every two years one of blue and scarlet cotton.

Army Hospital Native Corps.

[Section 6.]

CLOTHING—continued.

IV.

Water-carriers and Sweepers.

Jackets or merzais, long enough to cover the hips.—Every two years one of blue serge with scarlet braiding on seams and cuffs ; every year two of white longcloth.

Puggri.—Every two years one of blue and scarlet cotton.

87. All hospital-attendants will be supplied with a corps badge, Corps badge. to be worn over the left breast ; namely, a solid brass disc $2\frac{1}{4}$ inches in diameter, rough-grained ground, and raised burnished border, crown and letters (Bengal A. H. N. C.). Disc slightly convex.

88. With the issue of chapkans and merzais to all men of the Grade rings. first grade, two red cloth rings, each half an inch wide, showing one inch of blue cloth between, and to all men of the second grade, one red cloth ring, half an inch wide, will be issued. This will be worn three inches above the left cuff.

89. With the issue of chapkans and merzais to all men in Good-conduct rings. receipt of good-conduct pay, badges, as worn by the native army, will be issued.

90. In addition to the clothing provided by government, each Kamarband. ward-servant will provide at his own expense, as required, a waist-band (*kamarband*) to match the puggri.

91. Uniform will be worn on all occasions on duty, whether Uniform when to be worn. inside or outside the hospital.

92. Requisitions for clothing, A. H. C. F. 8, will be prepared Requisitions for clothing. in duplicate, and forwarded to the superintendent and agent for army clothing on the 1st October of each year for the clothing which will fall due on the 1st April following for hospital-attendants in the service, and on joining for those newly attested.

93. On receipt of the clothing, a board will be convened for Boards on clothing. the purpose of ascertaining whether it corresponds with the invoice, and should it not do so, or be in other respects objectionable, a copy of the proceedings, B. F. 737, will be furnished to the surgeon-general. Warrant medical officers are eligible as members only of such boards, in the event of there being a paucity of medical officers in the station.

94. Cases of damage to, or loss of clothing stores, not exceeding Rs. 20 in value, which may have occurred in transit or in store, and could not have been prevented by proper precaution, may be disposed of on a certificate (appendix V) signed by the medical officer in charge.

95. The certificate should be forwarded to the examiner, army clothing accounts, for disposal, and in the event of new articles being required from the clothing agency to replace those lost or damaged, a duplicate thereof should be attached as a voucher to the requisition.

Section 6.]

Army Hospital Native Corps.

IV, V, & VI.

QUARTERS—LEAVE.

Necessaries.

96. The following articles of necessaries will be kept up by every man of the corps at his own expense :—

One kamarband, for ward-servants only.

One pair of shoes.

One havresack.

Two dhoties or pyjamahs.

One durrie.

One blanket or rezai.

One pair blue putties.

One kit bag to hold the above clothing and authorised uniform.

One water-bottle.

Seal.

97. A seal will be considered one of the necessaries to be kept by every hospital-attendant, and will be used in lieu of his signature in cases where the men are unable to write.

Inspection of necessaries.

98. An inspection of kit and of corps necessaries will be made on the first day of each month by the warrant officer in subordinate charge, who is charged with the responsibility of seeing that the attendants' necessaries are kept complete and serviceable.

V.—Quarters.

Quarters.

99. Hospital-attendants will be supplied with quarters in the vicinity of the hospital.

Cleanliness of quarters.

100. Medical officers will pay strict attention to the preservation and cleanliness of the quarters, and satisfy themselves that they are kept in good repair. Repairs, when necessary, will be executed by the public works department on the submission of a requisition to that effect.

Repairs.

Strangers not to reside in quarters.

101. Families of other hospital-attendants and strangers will not be allowed to reside in the quarters.

Public meetings.

102. No public meetings will take place in the lines without the sanction of the medical officer.

VI.—Leave.

Leave.

103. Leave under the rules applicable to the native army will be sanctioned by the surgeon-general, Her Majesty's forces, when the exigencies of the service admit, but no pay or allowances will be made until the return of the men to their appointments.

Number allowed leave.

104. Deputy surgeons-general may grant leave to the extent of five per cent. on each class in the division or district, when the number of sick in hospital will admit of the indulgence.

Period of leave.

105. Ordinary leave will not exceed two months, but in the case of a hospital-attendant serving at a distance from his home, his claim to a greater amount of leave will be specially considered. In no case will it exceed four months without the surgeon-general's special sanction.

Pay while on leave.

106. During the period a man is on leave, he will be entitled to the pay (including good conduct pay) of the lowest grade of his class only, and temporary promotion to a higher grade will be

Army Hospital Native Corps.

[Section 6.

RECORDS AND RETURNS.

VI & VII.

made during the absence of a first and second grade hospital-attendant on leave. Leave certificate.

107. A leave certificate, B. F. 483, duty completed in English and Urdu, will be given to all classes when proceeding on leave of absence. The leave certificate will be presented on all occasions of a man reporting himself to military officers or the civil authorities, and will be brought back by him to the hospital.

Advance of pay.

108. Hospital-attendants ordered from their proper stations on duty, either with or without troops, will be allowed pay, &c., up to the 1st of the current month. If required to leave their station prior to the 15th of the month, they may, under the authority of the medical officer in charge of the hospital, be allowed in advance half a month's pay, or if required to leave after the 15th of the month, one month's pay. Advance of pay.

109. The date up to which each man has been paid will be noted in his last-pay certificate, B. F. 5.

110. The name of each man will be shown in the hospital pay list for the month in which he quits the station. The duty on which he is sent must be distinctly stated in the column of remarks, and his name continued in the hospital muster roll until he is struck off, as transferred by competent authority to some other station hospital.

111. The amount required for payment to the men for the current month, under paragraph 108, will be obtained, when necessary, by the medical officer in charge of the hospital, from the circle paymaster.

112. While absent from their proper stations, the pay of the men will be obtained by the medical officer under whom they may be serving, from the circle paymaster concerned, on a bill supported by the last-pay certificate furnished to him.

113. When payment has been made up to the 15th of the preceding month, the pay bill will include pay only from that date to the end of the month. If, however, the medical officer is satisfied of the necessity of a further payment on account of the current month, half a month's pay if paid before the 15th, or one month's pay if paid after that date, will be drawn in a separate bill, in which must be shown the hospital on the rolls of which the men are borne, the duty on which they are employed, and the place to which they are proceeding.

VII.—Records and Returns.

114. The permanent records of the corps will be kept in the office of the surgeon-general, Her Majesty's forces. Permanent records.

Section 6.]

Army Hospital Native Corps.

VII.

RECORDS AND RETURNS—*continued*.

List of records.

115. The following books will be kept:—

- I.—Muster-roll and pay statement book.
- II.—Long-roll and record of service, A. H. C. B. I.
 - a*—General, for whole corps.
 - b*—Special, for each hospital.
- III.—Court-martial book, A. H. C. B. 2.
- IV.—Corps defaulter book, A. H. C. B. 3, to contain entries of all convictions and sentences, either by court-martial or criminal courts, and of all minor punishments declared to involve such entries.
- V.—Hospital defaulter book, A. H. C. B. 4, to contain entries of all convictions and sentences as above; and of all minor punishments whatsoever, whether involving or not a corps entry.
- VI.—Standing orders of the army hospital native corps.
- VII.—Hospital order book, A. H. C. B. 5.
- VIII.—Book of medical history sheets, M. H. B. 8.

Records where to be kept.

116. Nos. II*a*, III, and IV will be kept in the office of the surgeon-general, Her Majesty's forces, and duly completed from information transmitted by medical officers in charge of hospitals, through deputy surgeons-general. Certificates of previous convictions, when required, will be supplied, on application, by the surgeon-general, and signed by him. The remaining books will be kept as hospital records; the necessary extracts from Nos. II*b* and V being supplied on the transfer of a man to another hospital, in order to the completion of the books of the latter.

Muster-rolls and pay statements.

117. Muster-rolls and pay statements, B. F. 6, will be prepared monthly in duplicate, one copy will be forwarded to the surgeon-general, through the deputy surgeon-general, and the other to the circle paymaster.

Monthly return.

118. Deputy surgeons-general will submit to the surgeon-general a monthly statement, A. H. C. F. 5, showing the strength of the detachments of the corps under their several charges.

Transfer returns.

119. Whenever attendants are transferred from one hospital or station to another, the medical officer in charge will forward, through the deputy surgeon-general, the following documents to the medical officer under whom the men are about to serve:—

- a*. Last-pay certificate, B. F. 5.
- b*. Last-clothing certificate.
- c*. Medical history sheet, M. H. F. 74.
- d*. Extract from long roll and record of service, A. H. C. F. 2.
- e*. Extract from the hospital defaulter book, A. H. C. F. 3.

Proceedings of courts-martial.

119*a*. The medical officer in charge of the station, general, or field hospital, will complete the hospital defaulter book from the proceedings of courts-martial published in local orders.

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[Section 6.

DUTIES.

VII & VIII.

119b. The deputy surgeon-general will furnish the surgeon-general with a *verbatim* copy, duly authenticated, of the proceedings of courts-martial as promulgated in division or district orders, for entry in the court-martial book. This copy will be written on foolscap paper, with quarter free margin for binding.

VIII.—Duties.

Generally.

120. The duties of hospital-attendants will be confined to the precincts of the hospital, and to attendance on sick and wounded in field, camp, and quarters. Duties where performed.

121. Hospital-attendants will be employed on hospital duties for at least two hours every morning and evening, and during the interval one-third the number of each grade will remain on duty in the vicinity of the wards for the purpose of attending to the wants of the sick; the tour of duty will be limited to two hours. Morning and evening duties.

122. No exchange of duty will be permitted without the permission of the medical subordinate on duty. Exchange of duties.

123. The medical subordinate on duty will be responsible for the preservation of discipline amongst the attendants, and that the several attendants perform their duties with zeal and punctuality. Discipline.

124. He will inspect all the men of the corps at sunset throughout the year, and report to the senior warrant officer whether the men are all present. Attendants employed on any special duty will be exempted from attendance at this parade. Daily inspection.

125. A hospital-attendant who finds money or other articles, or who wishes to purchase anything about which doubt may exist, will immediately acquaint the senior attendant of his class, in order that due enquiry may be made by the senior warrant officer. Should lost or stolen property be found in any man's possession, without such report having been made, he will be liable to punishment. Report of money or articles found.

126. On the line of march, hospital-attendants will march in fours, according to classes, immediately in rear of the sick carriage. Marching.

126a. Every hospital-attendant will be furnished with a copy of the army hospital corps regulations, which he is required to produce at the kit inspection parade. Regulation.

126b. Arrangements for cooking and supplying food to hospital-attendants, confined in cells of native troops, will be made under the orders of the medical officer in charge, by the men of the army hospital native corps of the same caste as the prisoners. Cooking food prisoners.

Ward-Servants.

127. Ward-servants will clean the furniture and fixtures in the wards, wash and clean the diet and table requisites in use, and make the beds of the patients who are too ill to do so themselves. Cleaning of furniture and fixtures.

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Army Hospital Native Corps.

VIII.

DUTIES—*continued.*

Dining tables.

128. They will lay out the dining tables half an hour before the time appointed for each meal, and will remain in attendance on the sick during meals.

Serving of meals.

129. They will receive from the cook the meals (cooked) for the patients, and will carry them into the ward in a clean and orderly manner; and after every meal will clean the table and diet requisites and put them away in their proper places.

Issue of equipment.

130. They will receive from the purveyor's stores the authorised equipment for each patient on admission, as well as clean clothing and bedding on the days appointed for the same.

Delivery of equipment.

131. They will make over to the purveyor's servants the equipment of patients discharged from hospital, and the soiled bedding and clothing of patients to whom clean articles have been issued.

Custody of recreation games.

132. They will be responsible for the safe custody of the authorised recreation games, and will have them arranged for use in the place set apart for that purpose.

Airing of equipment.

133. They will air the equipment of wards as often as may be directed by the medical officer.

Lime-washing.

134. They will be employed in lime-washing such portions of the hospital wards as may be rendered necessary on account of cleanliness.

Nursing of patients.

135. They will be employed in the care and nursing of those patients who are too ill to attend to their individual wants, and will be punctual and exact in obeying all orders received in connection with the same.

Minor surgery.

136. They will be employed in the application of liniments, poultices, blisters, sinapisms, and fomentations, as well as in the administration of enemias, and minor dressings and bandaging.

Cleaning of lamps.

137. They will clean and trim the ward lamps, and light the same at the appointed time.

Wards and lights.

138. They will be responsible that the wards are kept clean and orderly, and that fires are lighted and extinguished at the appointed times.

Barber's duties.

139. The senior ward-servant, if qualified, and if not qualified the next senior ward-servant who is qualified, will receive an allowance of Rs. 2 per mensem for conducting the duties of barber. From this allowance he will be required to keep, at his own expense, the necessary implements for carrying on this duty. The duties of barber will be restricted to hair-cutting and shaving for medical and surgical purposes only.

Cooks.

Issue of diet.

140. Cooks will, under the orders of the apothecary, receive over from the purveyor the articles comprising the several articles of diet and extras ordered for the day, and cook them in the manner directed in the hospital dietary.

Army Hospital Native Corps.

[Section 6.]

DUTIES—*continued.*

VIII.

141. They will serve up the diets and extras at the appointed hours in a clean and orderly manner, and be careful that the meals are sent to the patients quite hot. Serving of diet

142. They will keep the kitchen utensils and furniture scrupulously clean. The tables will be scrubbed daily, the floor washed frequently, and the chopping block scraped. Cleanliness of kitchen.

143. They will prepare hot water for baths and other ward purposes, and will draw from the purveyor the authorised fuel for the same. Hot water.

144. They will make over to the purveyor the cooking utensils to be tinned twice a month. Tinning.

145. They will empty, clean, and carefully wipe every pot, saucepan, or other cooking utensil in use. Saucepans and other cooking utensils must not remain on the fire without a sufficient quantity of water or other liquid in them to prevent their burning. Cleanliness of utensils.

146. They will, in preparing diets or drinks, be guided by the quantities directed in existing regulations, and for this purpose they will on all occasions use weights and measures. Weights and measures.

147. They will, on the receipt of the articles of diet for the day, weigh them in the presence of the issuer, and satisfy themselves that the proper quantities have been issued. Weighing of diets.

148. In cooking old fowls, when chickens are unobtainable, for broth, the chicken and bones, with very little water, should be placed in a wide-mouthed bottle, which should then be put in a vessel of boiling water. After boiling for two hours it should be removed, strained off, and served; the broth being diluted if deemed too strong. Cooking fowls.

149. When chops or steaks cannot be broiled, they should be fried as follows: Place the frying-pan on the fire, clean it well, rub some salt on it so that it is quite dry and clean; then place in the chop or steak, inclining one side of the pan downwards, so that none of the melted fat touches the meat; turn it often, so that the gravy remains in it. When done, serve it as you would a broiled chop. Cooking chops.

150. Articles to be cooked should, in the first place, be thoroughly dried. If fish, it may be dried before the fire; the frying-pan should then be made ready with at least one inch deep of fat, not too hot, which may be known by throwing in a few bread crumbs or a drop of water. The article to be fried should be immersed in it and allowed to cook gently. Cooking fish.

151. In using essence of beef, the lid of the canister should be removed and placed in a saucepan of boiling water. The pan should be kept on the fire until the contents are warmed through; the fat on the top should then be removed, and the food sent up to the patient. The contents may also be emptied out of the canister into a stewpan, with a little water, and boiled; they should then be Cooking of essence of beef.

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Army Hospital Native Corps.

VIII.

DUTIES—*concluded*.

seasoned or flavoured according to taste or direction; the broth should then be strained from the meat, and served. Extract of beef added to this broth makes it stronger.

Management of stove.

152. Great care will be taken in the management of the fire-place, so that the allowance of fuel is not exceeded.

Water-carriers.

Supply of water.

153. They will supply water to the bath and ablution rooms, kitchens, filters, fire tanks and buckets, and other places in the hospital where medical officers direct water to be stored.

Cleaning tubs, &c.

154. They will see to the cleanliness and order of the bathing tubs, gratings, fire buckets and tanks, filters and surahis.

Cleaning filters.

155. They will aërate the charcoal in filters weekly, change the sand every second month, and re-burn the charcoal every six months. They will see that the filters are always in full working order, and are kept scrupulously clean.

Sweepers.

Sweeping wards.

156. They will sweep and dry-rub the wards, verandahs, passages, subsidiary rooms and offices at least twice a day, and will be responsible for the cleanliness of the urinaries, latrines, and bath and ablution rooms.

Cleaning spittoons.

157. They will clean all the spittoons in use morning and evening, and oftener if necessary.

Cleaning grounds.

158. They will keep the grounds of the hospital and its vicinity clean and free from weeds, and fill up all excavations.

Washing soiled linen.

159. They will wash and disinfect all soiled hospital linen requiring to be disinfected, before being made over to the washer-men.

Conservancy.

160. They will strictly carry out the dry-earth system of conservancy, and will be responsible that the filth and rubbish carts remove all night-soil and sweepings from the hospital twice a day.

Lighting of lamps.

161. They will be responsible that the authorised lamps in urinaries, latrines, and passages leading thereto, are cleaned and regularly burned.

Application of coal-tar.

162. They will apply coal-tar to the iron receptacles, where such are used, at the authorised periods.

Cleaning of night chairs.

163. They will keep perfectly clean all close stools, night chairs, and chamber utensils in use with the sick, and will place them in such positions in the ward as may be ordered by the medical officer.

Custody of leeches.

164. An allowance of one rupee per mensem is sanctioned to the senior sweeper in each hospital for the custody and care of leeches.

SECTION 7.—PURVEYORS' DEPARTMENT.

Section 7.

I.

I.—Purveyors.

| II.—Purveyor's Establishment.

I.—Purveyors.

1. The responsibility for the completeness, according to scale, and serviceable condition of all articles of equipment supplied by the commissariat department to hospitals for British troops, as well as its repair and condemnation, rests exclusively with the commissariat department. Responsibility for equipment.

2. A purveyor's department, under the commissariat department, is charged with the purveying and other duties in connection with the supply of hospital equipment. Charge of purveying duties.

3. Purveyors are attached to hospitals for the purpose of taking charge of, and issuing, such articles of equipment and supply as are provided for hospital use by the commissariat department. Purveyors.

4. Purveyors are divided into first and second class; in small detachments, the victualling gomasta of the detachment will perform the purveyor's duties. Division into classes.

4a. The scale of purveyors is—First class, one for each hospital, whether station or section, equipped for twenty-five beds and over; second class, one for each hospital equipped for twenty-four beds and under, and in the case of large hospitals, one for every fifty beds or fraction thereof in excess of one hundred beds. Scale of purveyors.

5. They are commissariat servants, appointed, employed, and paid by that department, but have their store-room in one of the hospital buildings, and quarters within the hospital enclosure. They are required to be present in the hospital during the day for duty, and to receive the orders of the medical officer, but are permitted to sleep in their own houses at night. Appointment and location.

6. They are required to obey all orders given to them verbally by the medical officer respecting matters of ordinary daily routine, but any orders creative of expense, or of a special nature, will be given to them in writing. Under medical officer's orders.

6a. A nightly supply of two chittacks of common oil, and a lantern of the description used for common oil in hospitals, is sanctioned for the store-room of purveyors. Oil for store-room.

7. All reports and complaints made as to the conduct of purveyors, will be addressed to the deputy surgeon-general for communication to the deputy commissary-general. Reports and complaints.

8. Purveyors are entitled to the use of the hospital sweepers for cleaning out their store-rooms as often as may be necessary. Cleaning store-rooms.

9. Medical officers will muster—and sign the muster roll of—the purveyor and his establishment, and certify whether the men were effective during the period for which pay is charged. How mustered.

Section 7.]

Purveyors' Department.

I.

PURVEYORS—*continued*.

- Camp equipage. 10. Pâl tents are allowed to purveyors by the commissariat department when marching on duty with troops.
- Inspection of diet articles. 11. Purveyors are responsible that the articles composing the diets and extras for the day are laid out in bulk for the inspection of the medical officer at his morning visit, and are given over for issue to the sick in good condition, and in time for their meals.
- Tinning. 12. They will arrange for fortnightly and half-yearly tinning of the kitchen utensils and steel washing basins respectively requiring it, and submit them when tinned for the inspection of the medical officer, who will see that there is no lead or other noxious adulteration in the material used for tinning.
- Supplies. 13. Bazar medicines, necessities, stationery, petty supplies, perishable miscellaneous articles, &c., which are provided by, but not kept under charge of, the purveyor, will, after being approved of by the medical officer, be handed over to the senior warrant medical officer for issue as required.
- Supplies on march. 14. When a corps is on the line of march, such articles of bazar medicines and necessities as are required to be fresh (such as poultice materials, &c.) and such as are obtainable on the spot (such as wood, charcoal, &c.) will be supplied by the purveyor on the medical officer's requisition.
- Oil and wicks. 15. Purveyors will issue daily the oil and cotton-wicks required for the hospital lamps.
- Renewal of equipment. 16. When articles of hospital equipment in use become unserviceable, medical officers are required to bring to the notice of the commissariat department the necessity for fresh supplies being at once made.
- Report of unserviceable articles. 17. Whenever reports are made by medical officers that the hospital equipment is deficient or out of repair, deputy surgeons-general will put themselves in communication with the deputy commissary-general of the circle, with a view to early arrangements being made by the commissariat department for completing the equipment to the authorised scale. Should any unnecessary delay, however, take place in completing the equipment, the case will be referred to the general officer commanding.
- Every patient to be equipped. 18. The commissariat department is authorised and required to issue a complete equipment, according to scale, for every patient in hospital, and such issues will not be considered as articles in excess of scale, although they may exceed the quantities estimated as sufficient to be kept in the purveyor's store under ordinary circumstances.
- Storage of unserviceable articles. 19. Purveyors are responsible that no articles unserviceable or out of repair are retained in the store-room.
- Disposal of unserviceable articles. 20. When any miscellaneous articles of hospital supply have been condemned or require to be repaired, a detailed invoice of the articles, showing their numbers and condition, will be forwarded

Purveyors' Department.

[Section 7.]

PURVEYORS—*continued.*

I.

by the purveyor to the executive commissariat officer, who will make arrangements for their removal to the commissariat godowns with as little delay as possible.

21. Medical officers will satisfy themselves that the equipment requisite for the comfort of the sick is at all times available, complete and in good order, and will visit and inspect the purveyors' store-room from time to time, reporting at once to the deputy surgeon-general any defect or deficiency they may discover.

Completion of equipment.

22. Medical officers are responsible for the safe custody of such articles only of hospital equipment as are in use in the hospital.

Medical officers' responsibility.

23. When articles of hospital equipment in excess of such as are actually required for patients in hospital are issued from the purveyor's stores by direction of medical officers, the latter will be held pecuniarily responsible in the event of any of the articles being lost or stolen.

Responsibility of articles lost or stolen.

24. A sufficient stock of liquors and articles of consumption will be supplied by the commissariat department and kept in charge of the purveyor in his store-room, for prompt issue on receipt of the daily diet requisition, M. C. F. 2.

Stock of liquors, &c.

25. A small supply of such medical comforts as are likely to be required in an emergency during the absence of the purveyor, will be kept in charge of the senior warrant medical officer. The issues from this stock will be duly accounted for to the purveyor on the daily diet requisition, M. C. F. 2.

Medical comforts to be kept in surgery.

26. Medical officers are prohibited from accepting articles of hospital bedding and clothing, &c., from the purveyor, which are imperfectly washed, out of repair, or in an unserviceable state; and if clean and serviceable articles are not forthcoming when required, they will at once represent the matter to the deputy surgeon-general.

Articles badly washed or out of repair.

27. Purveyors are responsible to the commissariat department for the repair and washing of all hospital bedding and clothing.

Repair and washing.

28. Four pounds of country soap and half a pound of bazar soda (sujjee) are allowed monthly for the washing of every hundred pieces of hospital bedding and clothing. These will be supplied to the purveyor by the commissariat department without any requisition from the medical officer. Washermen are themselves required to provide reeta (soap-nuts) for the washing of flannel and woollen clothing.

Washing materials.

29. Purveyors will see that the soiled bedding and clothing received from the hospital are collected in the bin provided for the purpose, and made over to the washermen as soon as possible, and that such articles as have been used by patients suffering from infectious diseases are, after being disinfected at the hospital, sent at once to the washermen.

Soiled linen.

Section 7.]

Purveyors' Department.

I.

PURVEYORS—*continued*.

Report of discrepancies.

30. They will at once report to the medical officer any discrepancies between issued and returned hospital equipment.

Preparation of returns.

31. They will prepare all returns and vouchers connected with themselves, their stores and establishment, such as requisitions for hospital equipment within the sanctioned scales, for repairs to bedding, clothing, and other articles, and for carriage for the stores under their charge, survey reports, muster-rolls, and pay abstracts. The muster-roll is the only one of these documents with which medical officers are concerned; they are, however, required to initial the daily and fortnightly balance books kept by purveyors.

Supply of renewals.

32. Miscellaneous articles, such as nails, ropes, &c., which are issued as required, and burners, chimneys, &c., for which a monthly percentage of renewals is allowed, will be supplied to medical officers monthly by the commissariat department. Boards of survey on these articles are not necessary, unless the breakages are above the scale. Medical officers are responsible for the safe custody of all such articles. On the closing of a hospital, these articles will be made over to the purveyor for disposal, with the other articles of hospital equipment (paragraph 36).

Airing and storing equipment.

33. The whole of the hospital equipment under charge of the purveyor will be exposed to the air as often as circumstances may render it necessary, and will be carefully and neatly kept in the shelves or boxes provided for that purpose. All sugar, tea, barley, sago, arrowroot, and other articles of food will be carefully kept apart from the bedding, clothing, &c.

Survey of unserviceable articles.

34. Whenever articles are reported to the executive commissariat officer, or found by him to be unserviceable, he will take steps to bring them at once before a board of survey. If the articles are, however, few in number, and their retention is not likely to be attended with any inconvenience, their condemnation may be deferred until the assembly of the next half-yearly board; but in such cases the articles are not to be kept in the purveyor's stores.

Survey of new articles.

35. All new articles of hospital equipment will be surveyed in a similar manner, at the instance of the executive commissariat officer, before being made over to the purveyor.

Disposal of stores on departure of corps.

36. The purveyor's stores left behind by a corps proceeding from a station will be surveyed, in like manner, at the instance of the executive commissariat officer, and re-issued in a serviceable condition from the commissariat stores to the purveyor of any other hospital requiring them.

Supply of marching and railway equipment.

37. When a corps leaves a station, the purveyor is required to arrange with the executive commissariat officer for the authorised supply of marching or railway equipment, according to the nature of the movement to be made.

Purveyors' Department.

[Section 7.]

PURVEYOR'S ESTABLISHMENT.

I & II.

38. On the arrival of a corps at a station, the purveyor is required to make arrangements for the return to the commissariat department of the marching or railway equipment, as the case may be, and for receiving into his store from the executive commissariat officer the authorised cantonment equipment. He is prohibited from receiving as part of such stock any articles out of repair or in an unserviceable state.

Supply of stores to corps on arrival at station.

39. Similar arrangements to those indicated in the preceding paragraphs will be made by the executive commissariat officer, when wings or detachments leave the head-quarters of corps, for the issue of proportionate marching or railway equipment to the outgoing force, and for the return to the commissariat department of the cantonment equipment rendered surplus by the decrease of strength of the corps at head-quarters, if the detachment is to be separated for any length of time.

Supply of stores to wings and detachments.

40. When purveyor's stores are without sufficient protection from the hospital guard, and it appears to the medical officer that protection is required, either as a permanent measure or for any specified period, the commissariat department is authorised to entertain a chowkidar on a certificate to that effect being furnished by the medical officer.

Protection of stores.

41. The scale of furniture sanctioned for purveyors' store-rooms is noted in appendix XIV.

Scale of furniture, &c.

42. Fixed cupboards may be constructed in the purveyor's store-room for the safe custody of the several articles of diet and table requisites.

Fixed cupboards.

43. The muster-roll and pay abstract of purveyors and their establishments will be prepared in *duplicate* by the purveyor. The medical officer in charge will sign as mustering officer.

Muster-roll of purveyors, &c.

44. The "purveyor's daily balance book of hospital bedding and clothing" and "fortnightly return of hospital miscellaneous articles, cooking utensils and diet and table requisites" will be filled in by the purveyor, who will then submit the book for the information of the medical officer in charge.

Purveyor's balance books.

45. Purveyors and their establishment will not accompany troops on the line of march, unless a division or section of a field hospital is attached.

Purveyors on the march.

II.—Purveyor's Establishment.

46. A purveyor's establishment, according to the scale noted in appendix VI, is allowed for duty with hospitals under the purveyor, and is supplied by the commissariat department without the intervention of the medical officer. The distribution of servants to the several hospitals at a station will be made by the executive commissariat officer.

Scale of servants.

Section 7.]

Purveyors' Department.

II.

PURVEYOR'S ESTABLISHMENT—*concluded*.

Washermen.

47. The number of washermen is calculated on five per cent. of sick. When the sick exceed that percentage, one ordinary washerman will be allowed for every additional fifteen sick.

Establishment at hill depôts.

48. The establishment authorised for hill depôt hospitals will, during the summer months, be employed to its full strength. The necessary instructions will be issued direct to purveyors by the executive commissariat officer, on notice being given in writing by the medical officer to that effect. During the winter months the establishment will be reduced by the commissariat department to such extent, and for such period, as may be recommended by the deputy surgeon-general. But in stations where there is a difficulty of re-engaging the discharged men, or men of the same class, at the commencement of the ensuing hot season, the executive commissariat officer will, on his own responsibility, retain the full establishment during the winter months and advise the deputy surgeon-general of his having done so.

Establishment or detachments.

49. The servants to be employed for detachments of invalids, time-expired men, convalescents proceeding to and from hill depôts, &c., will, subject to the sanction of the deputy surgeon-general, be in proportion to the strength and scale laid down in appendix VI.

Quarters, dress and discipline.

50. The purveyor's establishment will be provided by the public works department with quarters within the hospital grounds similarly with other permanent hospital servants; they are amenable to the same rules and discipline as the latter, and are required to appear in a clean and orderly dress when on duty at the hospital.

Payment.

51. The pay of the purveyor's establishment will be disbursed by the purveyor.

Distribution of establishment.

52. The duty of duly distributing and apportioning the purveyor's establishment in cantonments, or moving from one station to another, rests with the commissariat department, but the medical officer should satisfy himself that the provision made in each instance is sufficient, and in the event of its not being so, he will report the matter to the deputy surgeon-general for such action as may be necessary.

Applications for pension.

53. Applications for pensions and gratuities, under the rules in force, will be forwarded by the purveyor to the executive commissariat officer.

[NOTE.—Sections and paragraphs to be quoted, and not pages.]

SECTION 8.—HOSPITALS.

Section 8.

I.

I.—General Rules.	VI.—Hospitals for Native Followers.
II.—Station Hospitals, British Troops.	VII.—Station Staff Hospitals and Dispensaries.
III.—Non-dieted Station Hospitals, British Troops.	VIII.—General Hospitals.
IV.—Hospitals for Soldiers' Wives and Children.	IX.—Field Hospitals and Service.
V.—Regimental Hospitals, Native Troops.	

I.—General Rules.

1. Hospitals and dispensaries will be under the immediate control and management of the medical officers appointed to the charge of them. Control and management.
2. When there is no medical officer present at the hospital, its charge devolves, in the case of British troops, on the senior warrant medical officer present, and of native troops on the senior hospital assistant. Charge during medical officer's absence.
3. When troops are in quarters, the public works department will make over to the medical department the buildings, fixtures, and furniture, according to the regulated scale for hospitals. Buildings, fixtures and furniture.
4. When a hospital is made over by the public works department for occupation, an inventory, in duplicate, of the buildings, fixtures and furniture, together with the value of each description of article, signed by an officer of the public works department, will be delivered to the medical officer in charge, who, if the inventory is correct, will sign the same, return one copy to the public works department, and file the other in the hospital for reference. Inventory lists.
5. Should the medical officer have any objections to make with respect to the government property handed over to him, he will record his remarks in writing, and the matter will be subsequently referred to the officer commanding the station. If no objections are recorded, subsequent representations regarding the state of anything at the time it was handed over will not be accepted as a plea for the partial remittance of any charges for barrack damages which may be preferred by the public works department. Objections to be stated.
6. An inventory of the fixtures in each room or building, and another of every article of furniture in the hospital will be hung up in the hospital by the public works department before the buildings are handed over. The cost of every description of article referred to will be entered in each inventory list. Inventory lists to be hung up.
7. No alterations or additions will be made in the inventory lists, except by the respective officers of the medical and public works departments, and all such alterations or additions will be initialled by both officers. Alterations and additions to inventory lists.

Section 8.]

Hospitals.

I.

GENERAL RULES—*continued.*

Delivery of
buildings,
fixtures and
furniture.

8. On a hospital being vacated, a medical officer, or a warrant medical officer, will be detailed to accompany an officer of the public works department, in taking over the hospital and in assessing damages. The latter will, after taking over the buildings, fixtures and furniture, furnish the former with the usual vouchers, which will specify any loss or damage, other than fair wear and tear, that may have occurred.

Annual inspections.

9. The medical officer in charge will accompany the executive engineer in his annual inspection of the hospital buildings, fixtures and furniture. All such inspections will be held on dates notified in station orders.

Special inspections.

10. The executive engineer, or his subordinate, is authorised to inspect any hospital building, on due notice of his intention being given to the medical officer in charge.

Monthly inspections.

11. During the last week of each month, the medical officer in charge will make a general inspection of the buildings, fixtures and furniture in possession of the hospital. The exact date of such inspections will be specified in station orders, and the local executive engineer will detail a subordinate to accompany the medical officer.

Monthly requisitions.

12. After the monthly inspection, a requisition, on P. W. D. F. 7, will be forwarded to the executive engineer on or before the 10th of the following month, in which will be entered all petty works that are required, provided they are likely to cost each Rs. 200 or under.

Special requisitions.

13. Requisitions, other than the monthly one, will only be allowed for *urgent* works which could not have been foreseen at the time of inspection, and the execution of which, if deferred for entry in the requisition of the next month, would prove injurious to the stability of the buildings, or would seriously inconvenience, or endanger the health of the occupants.

Requisitions for work exceeding Rs. 200 in cost.

14. For work which is likely to exceed Rs. 200 in cost, the requisition will be forwarded to the deputy surgeon-general, who will, if satisfied as to the necessity for the same, submit the case for the sanction of the general officer commanding.

Assessment of damages by departments.

15. Damages to buildings, fixtures and furniture, will be assessed by the public works department, and damages to hospital equipment by the commissariat department.

Assessment of damages to corps.

16. General charges for damages or deficiencies, attributable to wantonness or neglect, will be proportionately assessed against corps whose sick have been treated in hospital, or against those connected with the hospital, as the case may be. After the monthly inspection referred to in paragraph 11, a bill for the amount to be charged as barrack damages will be submitted by the executive engineer to the medical officer in charge of the hospital, who will note the items to be charged to individual men, whether of corps, departments or establishments; all items not so separately assessed, will be charged against corps whose sick may have been treated in the hospital, according to strength.

Hospitals.

[Section 8.]

GENERAL RULES—*continued*.

I.

17. Damages to, or losses of, government property by patients in hospital; will be reported to the officer commanding the corps to which they belong for adjustment. Recovery of value of damages.

18. Hospitals will be lime-washed inside twice a year, and oftener, when necessary, on sanitary grounds. The responsibility of bringing to the notice of the executive engineer that lime-washing is necessary, rests with the medical authorities. Lime-washing.

19. Chimneys will be cleaned monthly, by the public works department, during the season when fires are allowed. Cleaning of chimneys.

20. All doors and windows will be provided with bars and fastenings on the inside; and the public works department will supply English padlocks and keys for hospitals and out-buildings, as well as one per hasp to almirahs, boxes, cupboards, pettarrahs, &c., according to requirements. Provision of bars and padlocks.

21. Such observations of the temperature of the wards as may be required for the proper working of the hospital, will be kept by the medical subordinate on duty. Meteorological observations.

22. The bedsteads will, when practicable, be regularly arranged at equal intervals along the ward, and at least twelve inches distant from the wall. Arrangement of beds.

23. The flushing of hospital floors with water is forbidden. When cleansing by water is necessary, it will be effected by wet rubbing. Cleansing of floors.

24. The doors and windows of the wards will be opened every morning, and kept open at such hours during the day as the medical officer in charge may direct. Doors and windows to be opened.

25. The burning in hospital buildings at night of any lights not adequately protected, or in places in the contiguity of anything likely to ignite readily, and from which danger may be expected, is prohibited. Burning of lights.

26. A copy of the "Precautions to be taken against fire," B. F. 390, and a copy of the hospital rules, M. H. F. 60, will be hung up, in a conspicuous place, in every building provided for the accommodation of sick. Precautions against fire.

27. When accommodation is available, a guard will be furnished to every hospital of British troops. In hospitals of native troops, a guard will, except when there are prisoners in hospital, be mounted at night only. The medical officer in charge will communicate to the commanding officer the particular orders he wishes to be given to it. Guards.

28. Where the requisite accommodation exists in station, field and general hospitals, commissioned and warrant officers may be admitted for treatment, and will be required to pay the authorised hospital stoppages. Sick officers.

29. The only persons authorised to enter a hospital in an official capacity are, the medical officers, officers of the staff and public works department, the orderly officer on duty, chaplains and officers commanding corps whose sick are treated in the hospital. Persons allowed to enter a hospital.

Section 8.]

Hospitals.

I.

GENERAL RULES—*continued*.

Hours at which
visiting is
permitted.

30. With the exception of the officer commanding the station, and in the case of hospitals of native troops, the officer commanding the corps also, who are authorised to visit the hospital at all times, official and other visitors to the hospital will so time their visits as not to interfere with the regular visiting hours of the medical officers.

Visitors' book.

31. A visitors' book, M. H. B. 15, will be kept in every hospital, in which will be entered the name of the visitor, together with the date, purport and result of the visit.

Distribution of
duties.

32. The medical officer in charge will distribute the duties between himself and the medical officers serving under him, and will exercise a general supervision over the treatment of the sick, and the expenditure of medicines, diets, extras, &c.

Responsibility
of medical
officers.

33. Each medical officer will be responsible for the treatment, dieting, and nursing of the patients under his care; but the attention of the medical officer in charge of the hospital will be drawn to any case becoming suddenly or seriously ill.

Matters of doubt
and difficulty.

34. All matters of doubt and difficulty in the management of the sick or hospital administration, which cannot be decided by the medical officer in charge, will be referred by him to the deputy surgeon-general.

Sanitary and
habitable condi-
tion of hospital.

35. The medical officer in charge will take steps to ensure that the hospital is at all times in a safe and habitable condition, and good sanitary state, and that the utmost cleanliness and neatness are maintained within, and throughout, the hospital buildings and grounds.

Cleanliness of
grounds.

36. The grounds adjacent to hospitals will be kept clean and neat. The quartermaster's establishment of corps will be employed, as often as necessary, to keep the ground level and free from weeds, and to attend to and clear the surface drainage, so as to prevent water lodging. The medical officer in charge will make application to the officer commanding for such aid whenever requisite.

Visitors to
patients.

37. The medical officer in charge will issue orders for the hours during which patients in hospital may receive visits from their friends or comrades.

Visitors
forbidden to
bring food, &c.

38. Visitors and attendants are forbidden to bring patients food, drink, or any unauthorised article of any kind.

Attendance of
medical officers.

39. Medical officers will visit their hospitals morning and evening, and oftener if necessary; the visit in the morning commencing not later than half-past six o'clock from 1st March to 30th September, and not later than half-past seven o'clock from 1st October to the end of February, and in the evening *immediately* after sunset throughout the year.

Changes in
visiting hours.

40. No changes will be made in the times appointed for such visits, except when, in the opinion of the deputy surgeon-general, in communication with the general officer commanding, it may be

Hospitals.

[Section 8.]

GENERAL RULES—*continued.*

I.

advisable to modify the hours of attendance, so as to meet the requirements of the sick and the exigencies of the season and climate at the several stations.

41. No soldier will be allowed to remain in his quarters as a Convalescents. convalescent; but men who have been recently vaccinated may be recommended by medical officers to be exempted from drills and musketry practice, and to have lighter duties assigned to them. The names of men so recommended will be sent daily for the information of the officer commanding the corps.

42. The medical officer in charge will bring to the notice of the officer commanding the corps any men who, when diseased, have Concealment of disease, and serious cases. delayed reporting themselves sick, as well as those who become dangerously ill or when there is apprehension of a fatal result.

43. He will examine all men sent to hospital, and, in the case Disposal of sick. of those admitted, he will diagnose their disease and allot them to wards, and be responsible that suitable arrangements are made for their reception and treatment.

44. A sick soldier, whose ailment is of a trivial character, may be Detained patients. detained in hospital for the day on which he has reported himself sick; but if at the next visit of the medical officer he is found unfit for duty, he will be regularly admitted as a patient and provided for accordingly.

45. In the event of a patient being ordered to bed whilst Bedding to detained patients. detained for the day, he will be provided with a properly equipped bed and bedding as in the case of any other patient.

46. The medical officer in charge of each station hospital will State of sick. furnish, through the senior medical officer, a daily state of sick (B.F.9) to the officer commanding the station, and the medical officer in charge of native troops will furnish a similar return to the officer commanding the corps. This state will include all admissions and discharges which may take place up to the hour of the morning visit.

47. The medical officer in charge is responsible for the proper Responsibility for custody and expenditure of stores. custody and expenditure of medical stores, and will take measures to prevent the possibility of mistake in their issue. When hospital assistants cannot read English, the vessels containing medicines will be labelled in the vernacular.

48. A separate ward or room will, when practicable, be allotted Prisoners' ward. to prisoners whom it may be necessary to admit into hospital for treatment.

49. A ward will, when practicable, be appropriated for the Ward or eye diseases. treatment of eye diseases, and will be color-washed of a pale yellow.

50. On relief of the medical officer in charge, he will prepare Transfer return of stores. transfer receipts on M. H. F. 56 and 57 of the stores and equipment under his charge, and a manuscript transfer document of the

Section 8.]

Hospitals.

I.

GENERAL RULES—*continued*.

medical and statistical books and records, for his successor. The latter will examine the condition of every article handed over to him, and will record the same in the receipts before signing them, after which the responsibility for the stores, equipment, &c., will rest on the relieving officer.

Sick to be sent to hospital at visiting hours.

51. The fresh sick will be present at the hospital at the prescribed visiting hours, and will, on all occasions, be escorted to hospital by a non-commissioned officer, who will, in the case of British troops, bring with him the sick reports.

At intermediate hours.

52. When a soldier reports sick at any intermediate hour, he will be similarly escorted to hospital by a non-commissioned officer, and a sick report will be sent with him.

Form of sick report.

53. The sick report will be made out in duplicate on B. F. 8, and the christian name of each man reported sick will be given in full.

Disposal of sick report.

54. The disposal of each man reported sick will be entered in both copies of the sick report, one copy of which will be returned to the officer commanding the corps, and the other retained as a hospital record.

Report of cases of serious illness.

55. When a case of serious illness is admitted into hospital during the absence of a medical officer, or when other circumstances require his prompt attendance, the senior medical subordinate will report the circumstances to the medical officer on duty.

Disposal of barrack kit.

56. When a soldier is admitted into hospital, his arms and accoutrements, and, in the case of British troops, his bedding and clothing (excepting boots and helmet), will, unless on field service, be retained with his troops or company.

Cleanliness of clothing and boots.

57. Every patient is required to bring his brushes and blacking to hospital, and will be held responsible that his hospital clothing and boots are kept clean and properly brushed.

Report of venereal disease.

58. On the admission of a patient into hospital for freshly contracted venereal disease, the medical officer in charge will use every means in his power to discover and report to the officer in charge of the lock hospital, the particular person from whom the infection was caught.

Drunken soldiers.

59. If a soldier is brought drunk to the guard room, and reports himself sick, or should there be reason to think him so either at the time or afterwards, he will be removed to the hospital, and the medical officer informed.

Medical certificate book.

60. When sick are transferred from one hospital to another, the medical certificate, M. H. B. 3, will be used in conveying information. A brief detail of the case will be written on the back of the certificate.

Orderly comrades.

61. Orderly comrades for attendance on special cases will be obtained by application from the medical officer in charge to the officer commanding the corps to which the patient belongs, or is attached.

Hospitals.

[Section 8.

GENERAL RULES—*continued.*

I.

62. They will have their duties clearly explained to them by the medical subordinate of the ward, and will take it by turns to attend on the sick. When not on duty, they will not remain in the ward, but in the attendant's room if one exists, or in some other part of the hospital. Under no circumstances should orderlies be permitted to sleep in the same room as the patient on whom they are attending, nor should they be provided with hospital clothing or bedding.

Duties of orderlies.

63. Patients will not leave the premises, and no patient will be discharged from hospital, without the sanction of the medical officer in charge.

Patients not to leave hospital.

64. Patients must be in bed by tattoo, and no conversation will be permitted after that hour.

Hour for retiring of patients.

65. Smoking without permission is strictly prohibited in the wards or inner verandahs of the hospital.

Smoking prohibited.

66. Every description of gambling is forbidden.

Gambling forbidden.

67. Every patient allowed out of bed will be washed, properly dressed, and have his bed made up, half an hour previous to the visits of the medical officer.

Patients allowed out of bed.

68. Whenever able to do so, patients will make up their beds.

To make up beds.

69. Complaints relative to diet, or attendants, will be made to the medical subordinate on duty. The latter will investigate the matter on the spot and report the circumstance to the medical subordinate in charge.

Complaints of diet and attendance.

70. Patients will make good every article of government property which they damage or destroy through neglect or carelessness.

Hospital damages.

71. Orderlies and attendants carrying bundles or parcels will not be permitted to quit the hospital without leave from the medical officer, or senior medical subordinate. Sentries on duty will be instructed to stop persons carrying bundles from hospital without such special permission.

Persons carrying bundles.

72. The senior medical subordinate will have charge of all stores, and will be held responsible for their custody.

Charges of stores.

73. Great cleanliness and order will be observed in arranging for the storage and dispensing of medicines. All medicines will be neatly arranged on shelves or in almirahs. The almirahs and surgery (when not in use) will be locked, and the key kept by the medical subordinate on duty. The dispensing table will be kept scrupulously clean, and all utensils, instruments, &c., connected with dispensing will be carefully cleaned after each occasion of use.

Storage of equipment.

74. The medicines noted in Appendix VII will be treated as POISONS, and will be kept in an almirah by themselves. Each vessel containing any of these medicines, as well as the almirah itself, will be labelled with the poison label supplied from the medical store depôt.

Storage of poisons.

75. The surgical instruments will be frequently examined, and when not in use, will be kept under lock and key.

Inspection of instruments.

Section 8.]

Hospitals.

I.

GENERAL RULES—*continued*.

Dispensing of
out-door pre-
scriptions.

76. Medicines and surgical appliances required for officers their families, and others entitled by regulations to medical attendance at their own quarters, will be supplied from the hospital surgery, at hours fixed by the senior medical officer of the station, and the medical officer in charge will make such arrangements for the making up of prescriptions, and the issue of medicines, as not to interfere with the working of the hospital. Emergent prescriptions, so marked, will be dispensed at any hour.

Directions for
writing prescrip-
tions.

77. Medical officers will inscribe in English upon their prescriptions the doses and times that the medicines are to be administered; and no prescription will be dispensed unless containing clear and explicit directions in this respect.

Dispensing of
prescriptions
containing
poisons.

78. Whenever a prescription appears to contain any large or unusual dose of a drug of an active or poisonous character, the medical subordinate who may be called upon to dispense such prescription will, before doing so, and unless special instructions accompany it, either return it to the prescribing medical officer for further instructions, or refer it to the senior medical officer of the station for his approval in writing.

Register for
out-door
prescriptions.

79. A register of out-door prescriptions, M. H. B. 5, will be kept in every hospital and dispensary, in which will be copied the prescriptions sent by medical officers for out-patients. The original prescription will bear a general number corresponding with the number assigned to it in the prescription book, and, after being initialled by the medical subordinate who dispenses it, will be filed in the surgery till ordered to be destroyed by competent authority.

Prophylactics.

80. Quinine and other medicines will only be issued as a prophylactic to men out of hospital, when approved of by the deputy surgeon-general.

Issue at the
hospital.

81. When the necessity for such a measure has been decided on, the medicines will be administered regularly, and systematically, under the superintendence of a medical subordinate in the hospital.

Report during
its issue.

82. During the period medicines are thus administered, the medical officer in charge will record in the weekly sick return, M. H. F. 45 or 46, the effect of their employment on the health of the men. The deputy surgeon-general will, in forwarding this return to the surgeon-general, state the necessity or otherwise for continuing the same.

Expenditure of
quinine and
opium.

83. A register of the expenditure of quinine and opium, M. H. B. 4, will be kept in each hospital, and will be produced at the inspection of the deputy surgeon-general, who will satisfy himself that there has been no undue expenditure or waste.

Use of disinfect-
ants.

84. The use of disinfectants will be restricted to contagious and offensive cases, and to close stools in the wards. Their general use is limited to the anticipated occurrence or prevalence of epidemic diseases.

Hospitals.

[Section 8.]

GENERAL RULES—*continued*.

I.

85. The books noted in section 3, paragraph 44, will be supplied to every hospital, and will be produced at the annual inspection of the deputy surgeon-general. The India army circulars, and general and standing orders by His Excellency the Commander-in-Chief, will be bound in yearly volumes; the actual expense incurred thereby being recovered by the medical officer in charge in a contingent bill. Books.

86. The printed circulars, issued from the surgeon-general's office, will be bound in yearly volumes. The cost for binding, which should not exceed twelve annas per volume, will be charged as a contingent expenditure on the pay department. Binding of printed circulars.

87. Before performing any capital operation, medical officers will, except in cases where delay would be injurious to the patient, obtain the advice of the senior medical officer of the station; and will afterwards report the result of the operation to the deputy surgeon-general. Capital operations.

88. Each ward, or set of wards, under the charge of a medical officer, will be provided with a prescription book, in which all orders of the medical officer for the treatment, dieting and nursing of the patients will be entered by the medical subordinate. Prescription book for wards.

89. A separate prescription book will be kept for patients reporting sick at, and between, the visits of the medical officers. Prescription book for fresh sick.

90. These books will be initialled daily by the prescribing medical officer, and will, when not in use in the wards, be kept in the surgery. Prescription books to be initialled.

91. When extra articles of diet, wines, spirits, malt and effervescing liquors and drinks are ordered under existing regulations to patients in hospital, the hours at which they are to be served will be specified by the prescribing medical officer, and entered in the ward prescription book for the guidance of the medical subordinate, and the latter will be held responsible that the articles so ordered are issued at the prescribed hours. Distribution of diets and extras.

92. When any article of diet, medical comforts, or other hospital supplies, is not of good quality, the medical officer will report the circumstance to the officer commanding, with a view to the articles being reported on by a board of survey. Condemnation of diet, &c.

93. Every important case in hospital, and all such as are in receipt of extras, other than effervescing liquids, drinks, and eggs, will be recorded in the case book, M. H. B. 2; and the quantity of extras so ordered, as well as the reasons for ordering the same, will be stated therein by the medical officer in charge of the case. The medical officer should study to make his report of every such case clear, and to express it in as few words as possible. He will record the etiology of the case, the symptoms on admission, the daily changes in the symptoms, the diet, regimen, medical or surgical treatment, operation, remedial agents applied, with their Case book entries.

Section 8.]

Hospitals.

I.

GENERAL RULES—*continued*.

daily effect. He will note the pathological changes, the development, crisis, decline and termination of the disease; and carefully record the morbid changes discovered after death in all fatal cases. The medical officer who writes the case will sign it, either on its termination, or on transferring it to another medical officer.

Mustering of establishment.

94. The establishments will be mustered on the last day of each month (when this falls on a Sunday they will be mustered on the day following) by the medical officer in charge, who will certify in the muster-roll and pay list whether the individuals have been effective for the periods for which pay has been charged.

Returns.

95. One set of returns will be prepared for each station hospital, in which will be incorporated the establishments serving in the several section hospitals at the station.

Distribution of pay.

96. The payment of the subordinate medical department, army hospital native corps, and all other establishments will be made in the presence of the medical officer in charge, who is required to see that each individual paid signs his name, or makes his mark, in the acquittance roll book, M. H. B. 17.

Scale of transport.

97. Ambulance transport, according to the scale given in appendix VIII, will be supplied and repaired by the commissariat department.

Employment of transport.

98. Ambulance transport is provided exclusively for the conveyance of the sick, and they will not be employed for any other purpose.

Custody of transport.

99. Its custody rests with the medical officer in charge, and he is responsible that it is kept in a good and serviceable condition, and distributed according to the requirements of the service. When necessary, he will apply to the commissariat department to have them repaired or exchanged.

Distribution of transport.

100. When there are two or more doolies supplied to a corps, the medical officer in charge will apply to the officer commanding to have half the number stationed at the main-guard, under cover if necessary, and in charge of the guard. These doolies will be employed to bring sick men, women, and children, who require such conveyance, from barracks to hospital. The other doolies, dandies, and jumpans will be kept at the hospital for use under the orders of the medical officer in charge.

Doolie for main-guard.

101. When there is only one doolie, it will be stationed at the main-guard as indicated above.

Doolie for parades.

102. Whenever troops parade for drill, inspection, and gunnery or musketry practice, a doolie, with medical and surgical appliances, will accompany it, and remain present on the ground.

Doolies for detachments.

103. When a regiment is divided, a due proportion of doolies will be allotted to each detachment, and when it is impracticable to detach one of the regimental doolies, an extra doolie with bearers

Hospitals.

[Section 8.]

GENERAL RULES—*continued*.

I.

will, on the recommendation of the deputy surgeon-general, be supplied for each detachment of whatever strength.

104. Doolie-bearers will, when not engaged in the conveyance of the sick, be employed, under the orders of the medical officer in charge, as messengers, and on such garden or other duties connected with the hospital, as he may consider necessary. Duties of doolie bearers.

105. In cantonments, a mate bearer is included in the authorised complement of bearers for each doolie. Mate bearers.

106. Quarters will be provided by the state for the hospital establishment. Quarters for servants.

107. The scale of accommodation is, in hospital of British troops, 54 superficial feet for each servant; and in hospitals of native troops, ten rooms, each twelve by eight feet. A hut, to accommodate five doolie bearers, allowing 40 superficial feet for each man, and to be erected near the regimental quarter-guard, is authorised for all hill stations where there is no other existing accommodation which can be utilised for the purpose. Scale of accommodation.

108. The occupants will keep their houses clean, and deposit all refuse in places set apart for that purpose. Houses to be kept clean.

109. The provision of the necessary latrine accommodation for the native establishment attached to military hospitals, should be arranged for by the cantonment-committee, and where existing latrines are inconveniently placed, or situated at too great a distance from the hospital, application should be made through the local military authorities, for the construction of a special latrine for the use of the hospital servants. Medical officers are required to make local arrangements for keeping the latrine clean, the expense of this being borne by hospital servants themselves. The night-soil will be removed by the conservancy establishment at the same time as the hospital latrines are cleaned. Latrine for servants.

110. In cases where punkah-pullers are, owing to the manner in which the punkahs are hung, compelled to work out in the open, and are exposed to the sun and rain, inexpensive shelter of a temporary description will be provided for them by the public works department; such shelter should not be of a readily combustible nature. Shelter for punkah-pullers.

British Troops.

111. Medical officers, subject to the local military commanding officer, have authority to command the medical officers and subordinates, the hospital-attendants, and all patients in military hospitals, as well as such non-commissioned officers and privates as may be attached thereto, without their own officers, for hospital duty. Military command.

112. The medical officer in charge of each general, station, or field hospital, will have disciplinary control over the medical officers and subordinates, the hospital-attendants of the army hospital native corps, and also over all non-commissioned officers and Disciplinary control.

Section 8.]

Hospitals.

I.

GENERAL RULES—*continued*.

soldiers in, or attached to, military hospitals, without their own officers, for hospital duty; but he will ordinarily refer any acts of disobedience, or other breaches of discipline committed by non-commissioned officers or soldiers, to the officer commanding the station, in order that they may be dealt with summarily, or by a court-martial, according to the circumstances of each case.

Military command vested in warrant officers.

113. Warrant medical officers will have authority, under the medical officers, to command members of their own department, hospital-attendants of the army hospital native corps, patients in military hospitals, and such non-commissioned officers and men as may be attached thereto, without their own officers for hospital duty.

Warrant officers how addressed.

114. Non-commissioned officers and men will address warrant officers in the same manner as they do commissioned officers.

Arrangements of bedsteads.

115. No greater number of bedsteads will be admitted into any hospital ward than are justified by regulations.

Dhobies' room.

116. A room, thirty by fifteen feet, furnished with a boiler, stove, and strong table, in which the hospital clothing and bedding will be steamed, &c., is authorised for each hospital, and no persons will be permitted to make use of this room as a dwelling-place, nor will any cooking fire-place be allowed in it.

Wire-netting for upper windows.

117. Wire-netting or other suitable open screen will be provided for the upper windows, when recommended by the local military and medical authorities.

Chaplain's register.

118. The chaplain's register of his visits and services, will be open for the inspection of the military authorities. The medical officer in charge will arrange for its safe custody and production when required.

Close stools.

119. Close stools will only be used in hospitals for patients for whom the medical officer considers their employment absolutely necessary.

Indian medical gazette.

120. The Indian medical gazette, supplied by government, will be kept in charge of the senior warrant medical officer, the series for each year being bound in one volume at the expense of the state.

Report of injuries.

121. When a soldier is admitted to hospital, whether on or off duty, in consequence of having become maimed, mutilated or injured, except by wounds received in action, the attention of the officer commanding the man's corps will be drawn to the case by the medical officer in charge of the hospital, with a view, if necessary, to the holding of a court of inquiry.

Certificate of sickness rendering forfeiture of pay.

122. When a soldier is admitted into hospital on account of sickness caused by an offence committed by him,—such as malingering, wilful maiming, wilful aggravation of disease or infirmity, drunkenness, attempt to commit suicide, acts to the prejudice of good order and military discipline, offences against the civil law, or any other offence mentioned in section 138 of the Army Act 1881,—the medical officer in charge will furnish the officer

Hospitals.

[Section 8.

GENERAL RULES—*continued.*

I.

commanding the corps with a certificate to that effect, on receiving an intimation in writing from him that the soldier has been so convicted.

123. Patients will not have any money in their possession, but sundries may be obtained from barracks on a requisition signed by the medical officer. Patients not to have money.

124. When men are admitted into hospital, the headings of the bed-head diet sheets, M. C. F. 1, will be filled in by the writer from the sick reports, and then made over to the medical subordinate in charge of the ward to which the sick are allotted. Bed-head diet sheets.

125. The medical subordinate or the nurse, as the case may be, will see that each patient on admission is supplied with a complete set of hospital equipment. These articles will be under the care of the patient, who will, on discharge from hospital, be held responsible that they are delivered over complete to the ward-servant. Responsibility of equipment by patients.

126. In the event of a patient being too ill to undertake the charge of the several articles, the ward-servants will look after the equipment, and any loss or damage that cannot be satisfactorily accounted for must be made good by them. Ditto by ward-servants.

127. The clothing, bedding, &c., supplied to sick children will be under the charge of the nurse. Ditto by nurse.

128. The medical subordinate on duty in the ward, or nurse, will immediately report the loss or damage of any article to the senior warrant medical officer, who is required to investigate the case on the spot, and take such steps as he may deem necessary, pending the arrival of the medical officer in charge. In the event of the missing articles not being traced, a report will be made to the officer commanding the station with a view to the assembly of a court of enquiry. The police will also be informed of the loss. Report of loss or damage to equipment.

129. Every patient confined to bed will have his outer clothing neatly folded up, and put on one of the shelves of the bedside table. Outer clothing to be folded.

130. Under ordinary circumstances, clean under-clothing and bed-linen, will be supplied to every patient in hospital twice a week. The medical officer in charge is empowered, however, to direct the supply of clean articles intermediately also, whenever necessary. Changes of clothing and bed-linen.

131. European orderlies in attendance on patients suffering from infectious diseases, will be supplied with a pair of hospital slippers during the time they may be so employed, and these will be treated as other infected clothing, &c. Slippers to orderlies.

132. On the death of a patient, he (or she) will be removed to the mortuary, and the medical officer in charge will report the circumstance to the officer commanding the corps on M. H. F. 73, and the hour at which the body will be ready for interment will be stated. The medical officer will be held responsible that the body is properly cleaned, dressed in the clothes sent by the regimental authorities for the purpose, and placed in the coffin before the hour fixed for interment. Report of death.

Section 8.]

Hospitals.

I & II.

STATION HOSPITALS, BRITISH TROOPS.

Custody of
medical history
sheets.

133. The medical history sheets, M. H. F. 74, of all corps will be retained in the hospital, and kept complete up to date. On the removal of a corps from a station, they will be handed over to the officer commanding.

Scale of
stoppages
during peace.

134. The following scales of stoppages will be charged in all military hospitals :—

	Rs.	A.	P.	
Commissioned and first class departmental warrant officers	1	4	0	per diem.
Second class departmental warrant officers	0	12	0	„ „
Subordinates and non-commissioned officers acting in the warrant grade	0	8	0	„ „
Regimental warrant officers, non-commissioned officers, soldiers, schoolmasters, and pensioners	0	3	0	„ „
Schoolmistresses	0	2	0	„ „
Soldiers' wives	0	1	0	„ „
Civil patients not entitled to treatment	1	0	0	„ „

Scale of stoppage
during war.

135. When serving with an army in the field, or if in hospitals for wounds received in action, the deduction on account of hospital stoppages will, in the case of commissioned and departmental warrant officers, whether permanent or acting, be restricted to eight annas per diem.

Ditto of wives
of warrant
officers.

136. Wives of departmental warrant officers when admitted into hospital will be charged half the rates that would be charged to their husbands for hospital stoppages.

Exemption of
stoppages.

137. Stoppages will not be charged to soldiers in hospital in consequence of having been wounded, or having contracted disease, while on service in the field, nor from men injured at exercise, or whilst in the *bonâ fide* performance of any public duty, unless they are cases arising from the soldiers' own carelessness. A certificate in support of this exemption, will be furnished by the officer commanding the corps, stating the duty the soldier was performing while so injured. This certificate will be attached to the stoppage roll and the letters E. S. (exempt stoppages) will be entered opposite the soldier's name in the column of amount.

Recovery of
stoppages.

138. Stoppages will be recovered by paymasters on rolls furnished by medical officers.

II.—Station Hospitals, British Troops.

Purpose for
which estab-
lished.

139. Station hospitals are intended for the reception and treatment of sick from all British corps in garrison, including non-

Hospitals.

[Section 8.

STATION HOSPITALS, BRITISH TROOPS—*continued.*

II.

commissioned officers and soldiers of the unattached list and in departmental employ, and such other Europeans as the officer commanding the station may direct to be admitted therein.

140. Station hospitals will be subject to the authority of the Administration. general or other officer in command, but the administration will be under the control and superintendence of the deputy surgeon-general, who will be responsible that the arrangements are suitable and in accordance with existing regulations.

141. The surgeon-general will appoint a medical officer to the Medical charge. charge of each station hospital, and this officer will not be subject to removal without the surgeon-general's sanction.

142. The medical officer in charge will, at his own discretion, Apportioning and when special wards are not provided for the purpose, apportion of wards. wards for the treatment of infectious or contagious diseases, lunatics, sick prisoners, opthalmic or other special causes.

143. The establishment of medical officers and subordinates, Discipline and hospital-attendants, and others appointed for duty in the hospital, control of es- will be under the disciplinary control of the medical officer in charge, tablishment. from whom will emanate all instructions, orders, arrangements, and details for carrying on all duties connected with the medical service of the station.

144. Each station hospital will be equipped with establish- Equipment. ments, stores and equipment according to scale.

145. Whenever it may be necessary to bring soldiers before Invaliding. medical boards as invalids, or as convalescents to proceed to the hills, notice of such intention will be sent by the medical officer in charge of the hospital to the officer commanding the corps, and the latter will furnish all the information as to service and other details required to complete the authorised returns.

146. Medical documents in connection with the invalids and Preparation of convalescents, will be prepared by the medical officer under whose documents. care the case may be, and they will be sent to the medical officer in charge of the hospital for examination, signature, and disposal.

147. When a corps leaves a station, the sick under treatment Detention of in the station hospital will, if there are any other troops at the sick. station, be detained till sufficiently recovered to rejoin their corps, otherwise they will accompany their corps if fit to travel.

148. All authorised returns required by corps from station hos- Returns. pitals, will be sent direct to officers commanding corps by medical officers in charge.

149. Applications for documents will be made, in the first in- Applications for stance, direct by regimental commanding officers to medical officers documents. in charge of hospitals, or, on the other hand, by medical officers in charge to commanding officers; but any further reference or correspondence regarding them will be addressed, through the proper channel, to the officer commanding the station.

Section 8.]

Hospitals.

II.

STATION HOSPITALS, BRITISH TROOPS—*continued*.

Regimental boards.

150. The assembly of regimental boards in hospital will be arranged for between officers commanding corps and the medical officer in charge.

Transfers.

151. When patients in hospital are transferred from one corps, battery, troop, or company to another, officers commanding corps will inform the medical officer in charge of the hospital, in writing, of such transfer.

Roll of men discharged.

152. The names of officers placed on, or taken off, the sick list, and of men, women, and children admitted into, and discharged from, hospital, will be sent daily to the officer commanding the corps, on H. M. F. 77, in order that a non-commissioned officer may be sent to conduct the men discharged back to barracks, at such hour in the evening as may be determined on.

Transfer of men discharged.

153. The men discharged from hospital will be paraded in their regimental clothing by the medical subordinate on duty immediately after supper, and will then be made over to the charge of the non-commissioned officer sent from barracks.

Scale of ambulance carts.

154. Ambulance carts, according to the scale given in appendix VIII, will be supplied and repaired by the ordnance department. At stations, however, where there is no ordnance workshop, the repairs of the ambulance carts will be effected by the public works department.

Use of ambulance carts.

155. Ambulance carts will be kept at the hospital, in the shed provided for the purpose, and made use of for the benefit of the sick under the orders of the medical officer in charge. They are also available for conveying sick men, women and children to and from hospital.

Responsibility for carts.

156. The medical officer in charge is responsible that the necessity for any repairs to ambulance carts is at once brought to the notice of the proper authorities.

Transfer of carts.

157. When a station is vacated, the ambulance carts will be disposed of under the orders of the ordnance authorities.

Unguent for carts.

158. The commissariat department will supply on requisition, eight ounces of unguent monthly for each ambulance cart for greasing the wheels.

Bullocks for carts.

159. Bullocks, in the proportion of two per cantonment ambulance cart, will, when possible, be supplied from the complement of artillery or other government bullocks; but where such cattle are not available, hired animals will be provided by the commissariat department.

Elephants in lieu of carts.

160. When ambulance carts cannot be supplied, elephants, fitted with charjamahs, will, when available, be lent by the commissariat department, on the recommendation of the deputy surgeon-general, for the purpose of taking patients out for an airing. Medical officers will accordingly represent, when necessary, the need of elephants to the deputy surgeon-general.

Hospitals.

[Section 8.

HOSPITALS FOR SOLDIERS' WIVES AND CHILDREN.

II, III, & IV.

160a. Hospitals will be supplied with books from station libraries, and will be changed quarterly. The books will be returned to their respective libraries in time to admit of their being inspected by the quarterly board. Libraries.

160b. On the departure of a corps from a station, all books in hospital belonging to the library in charge of that corps will be returned at least one week before it marches. Disposal of books.

160c. The books will be under the care of the medical officer in charge, who will appoint a librarian, and will be responsible for all arrangements connected with their issue. Each contribution of books should, whenever practicable, be kept in a separate case. Charge of books.

160d. The pay of the librarian, as well as any necessary expenses, will be met by contributions from the canteen and library funds, in such proportions as general officers may determine. Librarian.

III.—Non-dieted Station Hospitals, British Troops.

161. Non-dieted station hospitals will be opened at stations and camps where detachments of less than fifty British troops are quartered. Where authorised.

162. These hospitals will be placed in charge of a warrant medical officer, except when, in the surgeon-general's opinion, it is considered desirable to place a medical officer in charge. Charge.

163. These hospitals will not be supplied with hospital equipment, and men who are admitted will use the barrack bedding, clothing and utensils. Application will accordingly be made to the officer commanding the corps to which the sick belong, for a non-commissioned officer to take charge of the barrack equipment. Barrack equipment to be supplied.

164. Patients will receive the ordinary commissariat ration in lieu of a hospital diet, which will be drawn and supplied cooked from the corps to which the patient belongs or is attached. Ration.

165. In special cases, the commissariat ration will be cooked in the hospital in any way suitable for the patient. Cooking of ration.

166. The following medical comforts are authorised, and will be issued to special cases only; the expenditure being supported by the bed-head diet sheets, M. C. F. 1:—brandy, Tarragona wine, sago with sugar, arrowroot with sugar, condensed milk, essence and extract of beef, aerated waters and drinks. Scale of medical comforts.

167. The authorised medical comforts will be drawn from the commissariat department on requisition approved by the deputy surgeon-general. Supply of medical comforts.

168. Patients treated in non-dieted hospitals will not be charged hospital stoppages. Stoppages.

IV.—Hospitals for Soldiers' Wives and Children.

169. The wives and children of British soldiers will be attended by a medical officer; and, when needful for the proper treatment Medical aid to sick women and children.

Section 8.]

Hospitals.

IV.

HOSPITALS FOR SOLDIERS' WIVES AND CHILDREN.—*continued.*

of their cases, they will be received into, and dieted in, the special hospital or ward allotted for the purpose.

Isolation of
contagious
disease.

170. When women or children are labouring under contagious or infectious disease, they will be removed from the married soldiers' quarters and placed under proper isolation in hospital, or in some other building or tent pitched for the purpose.

Treatment in
quarters.

171. In other cases they should not be taken into hospital if they can be properly treated in their own quarters without risk, injury, or inconvenience. A soldier's wife or child should not be required to go into hospital except for the advantage and comfort of the individual. In cases of trifling ailment they will attend the hospital at the usual hour for advice and medicine.

Cases of child-
birth.

172. A soldier's wife will, however, be admitted into hospital prior to child-birth; so that her case may be under the immediate supervision of a medical officer.

Male children.

173. Male children above the age of ten years (unless in very special cases) will not be admitted into hospitals for women and children. In such cases the children will be admitted into the hospital for soldiers.

Medical
comforts in
quarters.

174. Medical comforts to sick women and children, under medical treatment in their own quarters, will only be given when it is certified that hospital accommodation is not available.

Diets and extras.

175. While soldiers' wives and children are under treatment in these hospitals, they will receive the same diets and extras as are authorised in the dietary, section 9, and the same returns will be used for the issue, and rendered for the expenditure, of these diets and extras, as are laid down for dieted hospitals.

Non-dieted
wards.

176. At stations where hospitals for women and children have not been established, a room in barracks, if available, will be allotted as a ward for the reception of such cases of sick women and children as it may be deemed expedient to remove from their quarters; the rules relating to non-dieted station hospitals are applicable to sick women and children under these circumstances.

Treatment of
Infectious cases.

177. Infectious cases will not be treated in any of the wards, of hospitals for women and children devoted to cases of parturition and general disease.

Visitors.

178. No person will be allowed to pass in or out of the hospital, without the knowledge of the nurse.

Patients to hand
over money, &c.

179. Every patient upon admission will be required to hand over the money and articles of value in her possession to the nurse, who will enter them in a book in the presence of the patient, giving the latter a receipt in return. The property will be returned on the day of the patient's discharge.

Obedience to
orders.

180. Patients will strictly obey the orders of the medical officer, apothecary, and nurse, and will not leave the hospital without permission from the medical officer.

Hospitals.

[Section 8.]

REGIMENTAL HOSPITALS, NATIVE TROOPS.

IV & V.

181. Mothers of children over two years old who are admitted into hospital will not be allowed to remain in hospital unless in special cases, when the medical officer's sanction must be obtained. Mothers permitted to remain in hospital will not visit the barracks without special permission. They will be required to assist the nurse by attending to their own children's beds and keeping the wards clean. Mothers to assist nurse.

182. With the sanction of the medical officer, female relations and friends will be permitted to visit patients during the day, and husbands will be admitted to see their wives between the hours of 6 and 8 P.M. No visitor will, however, be permitted to enter or leave the hospital without the knowledge of the nurse. Visitors.

V.—Regimental Hospitals, Native Troops.

183. The sick of native troops are treated in regimental hospitals. Buildings.

184. Hospitals for regiments of native infantry each contain two general wards and two small wards for special cases; those for regiments of native cavalry, two general wards and one small one. A detachment hospital contains one general and one small ward. Number of wards.

185. Accommodation for the following number of patients is provided:— Accommodation.

	<i>Infantry.</i>				
Full regiment	.	.	.	.	50 patients.
	<i>Cavalry.</i>				
Full regiment	.	.	.	.	25 „
Wing at head-quarters	.	.	.	.	13 „
Detached wing	.	.	.	.	12 „
When a squadron is detached:—					
Head-quarters	.	.	.	.	17
Detached squadron	.	.	.	.	8 „

186. Two hut wards for infectious cases, made of inexpensive material, will be provided for each hospital. Each ward is intended for three patients, allowing one hundred and ten superficial feet, and eighteen hundred cubic feet, per patient. Wards for infectious cases.

187. The cook-rooms will be divided into two compartments, one for Hindoos and the other for Mussulmans. Kitchens.

188. A punkah for the medical officer's office is authorised in each hospital. Punkahs.

189. A bed-head ticket, B. F. 481, will be fixed in the frame provided for the purpose, and hung up at the head of the patient's bed, where it will remain during the period the patient is in hospital. Bed-head ticket.

190. Except in special cases, when arrowroot or sago with Diet.

Section 8.]

Hospitals.

V & VI.

HOSPITALS FOR NATIVE FOLLOWERS.

sugar, wine, brandy, or rum may be ordered by the medical officer, native soldiers when sick in hospital will provide whatever diet is prescribed from their own resources. In the event, however, of a patient's means being insufficient to procure the diet ordered, the medical officer will apply to the commanding officer for an advance to meet the requirements of the case.

Ordering of diet.

191. Medical officers will, in prescribing for native sick, inform the patient or attendant what diet he may consider most appropriate for the case, and the hospital assistant is required to see that the patient complies with the medical officer's orders in this respect.

Bedding and clothing.

192. Native sick will also provide bedding and clothing from their own resources, and the medical officer in charge is responsible that the same is kept clean by the patients. In the event, however, of the medical officer considering that a patient has insufficient bedding or clothing, he will represent the matter to the regimental authorities, with the view of arrangements being made to supply the deficiency.

Orderly comrades.

193. In a serious case where the medical officer considers the attendance of a comrade absolutely necessary, he will make a requisition for a man to the officer commanding. This orderly attendant will obey all instructions he may receive, and, when desirous of taking his meals, will report the circumstance to the medical subordinate on duty.

Men other corps.

194. Whenever a sepoy belonging to another corps is admitted into hospital, an intimation of the circumstance will be sent, through the commanding officer, to the medical officer in charge of the man's regiment; and on his death or discharge, a certificate, M. H. B. 3, will be similarly transmitted.

Orderly sergeant.

195. An orderly non-commissioned officer is authorised for every hospital, whose duty is to maintain discipline amongst the patients.

Duties.

196. He will be present in the hospital during his tour of duty, except during the authorised period for taking his meals, when he will report his departure to the hospital assistant on duty.

197. He will see that none of the sick leave the hospital without permission.

198. He is responsible that no drugs, spirits, or prohibited articles of food are brought into hospital.

199. He will make over to the adjutant the morning state of sick, after it has received the medical officer's signature.

VI.—Hospitals for Native Followers.

Accommodation.

200. Hospitals for the reception of severe cases of sickness or accident among the army hospital native corps and the native establishments attached to British troops, are provided on the following

Hospitals.

[Section 8.]

STATION STAFF HOSPITALS AND DISPENSARIES.

VI & VII.

scale, and are built and kept in repair by the public works department:—

For a regiment of cavalry, or division of artillery consisting of more than two batteries of horse and field artillery 30 patients.

For a battery of horse artillery, or two batteries of any other artillery, or a regiment of infantry 15 „

201. Where these hospitals have not been provided, or when there is not sufficient accommodation in them for further admissions, and where there is no station staff hospital, army native followers, in cases of serious illness, will be admitted into, and treated in, the hospitals for native troops. Treatment in hospitals for native troops.

202. Condemned hospital clothing and bedding, if not required for cleaning guns or rifles, may be issued for the use of the sick native followers attached to British troops, on the requisition of the medical officer in charge. Clothing and bedding supplied in this manner will be indelibly marked by the commissariat department before issue. Bedding and clothing.

203. A hospital register of native followers, M. H. B. 9, will be kept up for all native followers admitted into hospital. Hospital register.

204. Paragraphs 189 to 193 are equally applicable to sick native followers in hospital. Bedding, clothing and diet.

VII.--Station Staff Hospitals and Dispensaries.

Hospitals.

205. Staff hospitals are authorised at the undermentioned stations for the treatment, when sick, of army native followers not borne on the strength of corps:— Where authorised.

Allahabad.	Ludianah.
Calcutta (Hastings).	Morar.
Cawnpore.	Peshawar.
Dum-Dum.	Rawal Pindi.
Ferozepore.	Umballa.

206. At stations where hospitals for regimental native followers do not exist, serious cases of sickness amongst them will be admitted into station staff hospitals. Treatment of regimental followers.

207. The prescriptions from the staff surgeon will be dispensed at these hospitals. Prescriptions.

208. A hospital is maintained at Ishapore for the treatment of the employés of the ordnance department. Ordnance hospitals.

209. Station staff and ordnance hospitals will be regulated in accordance with the rules laid down for hospitals for native troops, paragraphs 189 to 193 and 203, and will be under the charge of the staff surgeon. Bedding, clothing, and diet.

Section 8.]

Hospitals.

VII.

STATION STAFF HOSPITALS AND DISPENSARIES—*concluded.**Dispensaries.*

Where authorised.

210. A dispensary is authorised at Fort William, where the prescriptions from the staff surgeon for the station and divisional staff, &c., will be dispensed. . Emergent prescriptions from other medical officers will also be dispensed, and the fact brought to the notice of the medical officer in charge.

Detention ward at Fort William.

211. A non-dieted ward, for the temporary treatment of sick British soldiers, will be attached to the garrison dispensary, Fort William, and will be equipped for six beds. Patients who are not fit for duty after a few hours' rest, will be sent to the station hospital at such hours in the morning and evening as may be fixed by the deputy surgeon-general.

VIII.—General Hospitals.

[Not taken up.]

IX.—Field Hospitals and Service.

[Not taken up.]

[NOTE.—*Sections and paragraphs to be quoted, and not pages.*]

SECTION 9.—DIETARY.

Section 9.

1. The dietary, as detailed in appendix IX, will be used in the following hospitals of British troops:—

Dietary for hospitals.

- a. General hospitals.
- b. Station hospitals.
- c. Hospitals for soldiers' wives and children.

2. Children under five years will be placed on infant diet; those between five and eight years on half, between eight and fourteen years on two-thirds, and those above fourteen years on the full quantity allowed for adults.

Children.

3. The articles comprising the several diets will be used exclusively for the sick. They will not, at any time or under any circumstances, be applied to any other purpose.

Exclusively for sick.

4. A copy of the diet table, M. H. F. 59, will be hung up in a conspicuous place in each ward.

Diet table.

5. The arrangements for the dieting of the sick of the station will, when practicable, be made at the station hospital; but when this cannot be done in consequence of the distance of the several hospitals from each other, the medical officer in charge of the station hospital will, under the approval of the deputy surgeon-general, arrange for the delivery, cooking and issue of the diets of the sections as may be most convenient, accounting for the same in his monthly diet returns.

Arrangements for dieting.

6. Medical officers on their own responsibility, are permitted to order such extra articles of food or drink for the sick as they may consider absolutely necessary, provided they are procurable; and the executive commissariat officer is required to see that all such articles, after being duly entered in the daily diet requisition, M. C. F. 2, are expeditiously supplied.

Issue and supply of extras.

7. Medical officers will bear in mind that, although no instructions can be laid down as to the character of cases needing extras, economy, compatible with the well-being of the patient, should be practised, in order that an undue or injudicious issue of extras may be avoided.

Economy in ordering extras.

8. Extras are divided into two classes, ordinary and supplementary.

Classification of extras.

9. Ordinary extras, which do not require the submission of the bed-head diet sheet, M. C. F. 1, unless combined with supplementary extras, comprise the following articles only, and may be ordered on any diet when necessary for the proper treatment of the sick: brandy, gin, rum, claret (when locally procurable), Taragona wine, sherry, beer, porter, lemonade, soda-water, lime-juice, barley-water, rice-water, and eggs.

Ordinary extras.

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Dietary.

Supplementary
extras.

10. Supplementary extras, which are subject to special audit, and require the submission of the bed-head diet sheet, M. C. F. 1, comprise every article of consumption, including champagne and essence and extract of beef, in excess of, and not included in, the regular diet table, or among the ordinary extras.

Extras on full
diet.

11. The only extras allowed on full diet are spirits, wines, malt-liquors, effervescing liquids and drinks.

Fruits.

12. When considered necessary, such fruits as are procurable will be supplied to the sick in hospital. The expenditure will be accounted for as a supplementary extra.

Medical officer's
responsibility.

13. Medical officers will be held responsible to the deputy surgeon-general for all entries on the bed-head diet-sheets, M. C. F. 1, and when called upon will have to justify the necessity of the issue of all articles ordered by them.

Supervision of
expenditure.

14. Deputy surgeons-general will supervise the expenditure of extras, both ordinary and supplementary. It is their duty to call for explanation of any seeming excess of issue, to check irregularities, or any apparent waste or extravagance, and to report the same to the surgeon-general.

Rations and diet
not admissible
on same day.

15. Barrack rations and hospital diet cannot be issued together to a soldier when in hospital. On the day of admission a barrack ration will be issued to him, and on the day of discharge a hospital diet.

Diet authorised
to soldiers in
hospital only.

16. A soldier must be regularly admitted into hospital to entitle him to be placed on hospital diet, or to receive medical comforts.

Extras to
patients not on
diet.

17. When patients, on admission, require extras before they are placed on diet, medical officers may order what is necessary from the following articles, and will account for the expenditure in the usual way: arrowroot, sago, tea, sugar, essence or extract of beef, spirits, wines, effervescing liquids and drinks.

Supply of diets
and extras.

18. All articles of diet and extras will be supplied daily to the medical officer by the commissariat department, through the purveyor or person performing his duties.

Ready for
inspection.

19. The articles composing the various diets will be ready for inspection at the hospital by the hour of the medical officer's morning visit.

Inspection of
diets and extras.

20. These will be inspected daily by the medical officer in charge, and he will also, from time to time, examine and test the quality of the spirits, wines, malt-liquors, effervescing liquids, and drinks supplied for the use of the sick.

Patients to be
present at
inspection and
weighing of
diets.

21. One of the convalescent patients will, as a general rule, be present at the inspection and weighing of the articles of the hospital diets before they are cooked.

Inspection of
diets when
cooked.

22. The medical officer in charge will satisfy himself, from time to time, by personal inspection of the quality, cooking, and general condition, when served, of the hospital diets.

Weight of meat.

23. The beef and mutton for the various diets must weigh in the raw state, exclusive of bone, the weight specified in the diet

Dietary.

[Section 9

table; when bone is taken with the meat, one-quarter more in weight is allowed.

24. After the hospital diet meat has been seen and approved by the medical officer, it will be cut up into diets by the supplier, and all parts of the animal, such as the ribs and lower joints of the fore-legs, which are more than two-thirds bone, will be excluded.

Meat to be cut up.

25. In accounting for fowls and chickens in the monthly diet return, M. C. F. 3, the weight will be shown in the column of expenditure, while the actual number of each will be entered at foot of the diet return.

Fowls and chickens how accounted for.

26. When it is immaterial, in the interests of the sick, whether fowls or chickens are provided, medical officers will be required to accept from the commissariat department whichever article is the cheapest at the time in the local market.

Supply of fowls and chickens.

27. The cows from which milk is supplied will be brought to the hospital morning and evening, and milked under the supervision of the hospital authorities. When this cannot be done, the medical officer in charge will report the matter to the deputy surgeon-general.

Milking of cows at hospital.

28. Potatoes will, if possible, be supplied to the sick throughout the year; but should this at any time be impracticable, other country vegetables may be substituted.

Potatoes and vegetables.

29. When dhall forms a portion of the vegetable ration in lieu of potatoes, one ounce will be considered equivalent to four ounces of vegetables.

Dhall.

30. The description of potatoes, hill or plain, issued to the hospital by the commissariat department will be entered in the daily diet requisition, M. C. F. 2.

Description of potatoes to be stated.

31. Spice powder for puddings consists of five and a half parts of ginger, one part of cinnamon, one part nutmeg, and one part of cloves; the authorised quantity for each pudding is fifteen grains.

Spice powder.

32. In all ordinary circumstances, where the number of patients is twelve or more, the allowance of firewood for cooking purposes is restricted to four pounds per adult patient per diem.

Scale of fuel for twelve or more sick.

33. In cases where the number of patients is less than twelve, or where the firewood supplied is not tolerably dry and good, five pounds or even six pounds per diem may be allowed if required, the cause rendering such increase necessary being certified by the medical officer at the time.

Scale of fuel for less than twelve sick.

34. Two pounds of fuel per diem is allowed for each infant diet.

Fuel for infant diet.

35. In the case of an outbreak of epidemic disease, or other extraordinary circumstances, no fixed limit of fuel for cooking purposes can be either assigned or observed; but in such cases the deputy surgeon-general will certify to the necessity of the extra expenditure incurred.

Fuel during epidemics.

Section 9.]

Dietary.

Ingredients for
rice and barley
water and
lemonade.

36. For every five pints of rice-water or barley-water, two ounces of rice or barley, and two ounces of sugar will be allowed. For every two pints of lemonade, one large lemon (or the equivalent of smaller ones), and one and a half ounces of sugar will be allowed.

Issue of liquors
and drinks.

37. Claret, champagne, and malt-liquors will be issued in pints; all other spirits, wines, and lime-juice in ounces.

Gin.

38. In prescribing gin for the sick, medical officers will specify the description of spirit required.

Rum.

39. Rum will not be less than three years old, and before its issue to hospitals, should be carefully bottled by the commissariat department.

Malt-liquors.

40. The beer and porter supplied to patients in hospital will, as a general rule, be of the description known as canteen draught. The issue of English-bottled beer and porter will only be made in particular cases, the necessity being certified at the foot of the monthly diet return, M. C. F. 3.

Lime-juice.

41. Lime-juice, when required for hospital purposes, is supplied and prepared for use by the commissariat department.

Expenditure
when in excess
of scale.

42. Whenever the expenditure of stimulants in any month exceeds the sanctioned scale, the medical officer in charge will forward to the surgeon-general, through the proper channel, a roll showing the names and diseases of the patients, the number of days each was in hospital, and the total quantity of stimulants each received during the period in question. This roll will be accompanied by a report detailing the circumstances under which it was considered necessary to exceed the allowance sanctioned.

Sanctioned scale.

43. This rule, however, does in no way authorise medical officers to prescribe seventy-two bottles for every twenty patients, the sanctioned scale, irrespective of the necessity of the issues; wasteful expenditure within these limits will, in every instance, form the subject of report by the deputy surgeon-general to the surgeon, general.

Estimating
expenditure.

44. In estimating the expenditure of stimulants, a bottle of spirits will be considered equivalent to three bottles of wine, and three bottles or quarts of beer or claret to one bottle of wine.

Contents of
bottles.

45. In calculating the expenditure of stimulants and wines, the contents of each bottle of brandy, gin, and rum will be reckoned as twenty-two ounces, and each bottle of Tarragona wine, sherry, and lime-juice as twenty-three ounces.

Aërated water
bottles broken.

46. Whenever aërated bottles burst, or are broken in hospital use, a certificate on M. C. F. 5, signed by the medical officer in charge, and countersigned by the deputy surgeon-general, will be sent in duplicate to the commissariat department. This certificate will include all such breakages during the month, and will show the number of bottles burst when full, and the number broken

Dietary.

[Section 9.]

when empty, and whether the breakages were accidental or otherwise.

47. The bed-head diet sheet, M. C. F. 1, will be fixed in the frame provided for the purpose, and hung up at the head of the patient's bed. The prescribing medical officer will enter daily the diet and extras which the patient is to receive, and afterwards initial the same. The quantity of extras ordered will be entered in words and figures.

Diet sheet to be filled up daily.

48. The first entry of each man's diet will be written in words, and subsequent entries of the same diet will be indicated by the initial letter of the diet, which will be marked in the proper column from day to day by the prescribing medical officer. The columns for extras in which no entries have been made will be obliterated.

Entries to be written.

49. The apothecary will furnish the purveyor with the daily diet requisition, M. C. F. 2, which will be compiled from the bed-head diet sheets M. C. F. 1, and will include the entire requirements for the day.

Diet requisition.

50. On receipt of the daily diet requisition, M. C. F. 2, the purveyor will arrange for the immediate supply of all articles (excepting ice, which will be specially arranged for) therein included, and in the event of any draught malt-liquor being required from the regimental canteen, he will submit to the canteen authorities the usual requisition, signed by the medical officer in charge, for the quantity required.

Purveyor to supply articles entered in diet requisition.

51. The necessary entries in the monthly diet return, M. C. F. 3, will be made from the daily diet requisition, M. C. F. 2. This return will be examined and initialled daily by the medical officer in charge. At the end of the month, the monthly diet return will be completed and forwarded in duplicate to the deputy surgeon-general, with the bed-head diet-sheets of such men as have received supplementary extras. The deputy surgeon-general will send the original copy, with the bed-head diet-sheets alluded to, to the examiner of commissariat accounts, and the duplicate copy to the executive commissariat officer.

Diet return.

52. Field hospitals will be non-dieted; the field ration will be drawn from the commissariat department, and cooked according to the requirements of the different cases. It will be supplemented by such medical comforts as may be necessary, the quantities of the latter issued to each case will be entered on the bed-head diet sheet. Field hospital ration returns will be prepared on M. F. 499.

Field hospitals non-dieted.

53. During war, the scale of diets laid down will, if practicable, be used in general hospitals; but should any deviation from the same be found necessary, it will be the duty of the principal medical officer to decide what those deviations may be, and to lay down a scale adapted to the position, climate and the supplies obtainable, submitting the same for approval to the general officer commanding.

Scale of diets during war.

Section 9.]

Dietary.

Patients to dine
at table.

54. Patients allowed to be up during the day will take their meals at the dining tables.

Hours at which
meals will be
served.

55. Meals will be served at the following hours:—

From 1st March to 30th September.

Breakfast	.	.	.	.	8 A.M.
Dinner	.	.	.	.	2 P.M.
Supper	.	.	.	.	6-30 P.M.

From 1st October to end of February.

Breakfast	.	.	.	.	8-30 A.M.
Dinner	.	.	.	.	2 P.M.
Supper	.	.	.	.	6-30 P.M.

Supper for men
discharged.

56. In the case of patients discharged from hospital, supper will be served prior to their leaving.

[NOTE.—Sections and paragraphs to be quoted, and not pages].

SECTION 10.—ESTABLISHMENTS.

Section 10.

I & II.

I.—Writers.
II.—Nurses.

III.—Permanent Servants.
IV.—Temporary Servants.

V.—Hot-weather Establishment.

I.—Writers.

1. A writer is allowed to each station hospital and independent section thereof. Scale.

2. The writer will be selected from among the non-commissioned officers and soldiers of corps whose sick are treated in the hospital for which the writer is required. Selection of soldier writers.

3. When a soldier-writer cannot be obtained, a native will be employed on a requisition to be submitted by the medical officer in charge of the station hospital for the approval of the deputy surgeon-general, to which will be appended a certificate from the officer commanding the station that a soldier-writer cannot be spared. Employment of native writers.

4. Native writers who are already employed in hospitals will be allowed, during good behaviour, to remain until they are discharged or pensioned. Present native writers to remain.

5. The writer will assist in the preparation of all the returns, reports, &c., appertaining to the hospital. Duties.

6. He is, when a soldier, exempted from attending parades, except such as, in the opinion of the officer commanding the station, are necessary to maintain his military efficiency. He will not be exempted from the annual musketry course. Exemption from parade.

II.—Nurses.

7. European nurses for attendance on sick women and children, in hospitals of British troops, are sanctioned; qualified midwives will be preferred. Their appointment and dismissal are subject to the approval of the deputy surgeon-general. Sanction.

8. A head nurse is allowed to each hospital for soldiers' wives and children, and an assistant nurse when the number of dieted patients exceeds ten, an additional assistant nurse being added for every additional ten patients or fraction thereof. Scale.

9. Whenever it may be necessary to procure the services of extra nurses for attendance on special cases, such as insane women, &c., application will be made to the officer commanding the division or district, through the deputy surgeon-general, for the sanction of the same in division orders. Employment of extra nurses.

10. The nurse, who should be a woman of known good character, will be selected from among the soldiers' wives by the medical officer in charge of the station hospital, with the concurrence of Qualifications.

Section 10.]

Establishments.

II & III.

PERMANENT SERVANTS.

the officer commanding the corps to which she belongs, and the deputy surgeon-general; in all matters relating to hospital duties she will be solely under the orders of the medical officer in charge of the hospital.

Quarters.

11. She will be provided with quarters for herself and family convenient to the hospital for soldiers' wives and children; and her residence in them is compulsory.

Duties generally.

12. She will attend the medical officers at their visits, and will issue the medicines and medical comforts, apply poultices, blisters, sinapisms, fomentations and dressings, and administer enemata, when ordered by the medical officer.

Cleanliness of patients.

13. She will be responsible for the personal cleanliness of the patients, and for their obedience to orders.

Sanitary duties.

14. She will see that the wards and furniture are kept clean, in good order, and well aired.

Report of carelessness of.

15. She will report to the apothecary any neglect or disobedience on the part of the servants, or any breach of discipline on the part of any patient.

Visits to sick.

16. She will make frequent visits to the patients, and see that due regularity and quietness are observed.

Visit at night.

17. She will see all patients in bed and fires extinguished at tattoo every night, unless otherwise ordered.

Permission for absence.

18. She will not leave the hospital without the permission of the medical officer, or, in his absence, of the apothecary.

Obedience to orders.

19. She will carry out the orders of the medical officer and apothecary, and apply to the latter in any case of difficulty or doubt.

Suspension.

20. A nurse found guilty of neglect or misconduct will be suspended from duty by the medical officer and reported to the deputy surgeon-general, her pay ceasing from date of suspension.

Malt liquor.

21. The malt liquor allowed to nurses will be drawn daily from a regimental canteen.

III.—Permanent Servants.

Provision.

22. In addition to the army hospital native corps, every military hospital is allowed a permanent establishment of servants, styled "enlisted followers," which will be provided by the commissariat department on the requisition of the medical officer in charge, and with the approval of the deputy surgeon-general.

Under orders of medical officers.

23. Hospital servants are exclusively under the orders of the medical officer in charge; but he is not empowered to discharge, employ, or detach any of his establishment without the approval of the deputy surgeon-general, and, in the case of native hospitals, without the consent of the officer commanding also.

Control.

24. The senior medical subordinate will be responsible to the medical officer in charge, that the hospital servants perform their duties with regularity and despatch.

Establishments.

[Section 10.]

PERMANENT SERVANTS—*continued.*

III.

25. The scale of establishment is given in appendix X.

Scale.

26. When the services of a woman sweeper are necessary in hospitals for soldiers' wives and children for which this servant is not sanctioned permanently, one will be employed for such periods only as her services may be required. No requisition is necessary in this instance, but the dates of employment and discharge will be noted in the muster roll and pay list.

Extra women sweepers.

27. Three puckallie bhisties are allowed for the station hospital of British troops in Fort Delhi.

Puckallie bhisties.

28. When a native corps is divided, and a detachment hospital becomes necessary, a due proportion of the permanent establishment will be attached thereto. The number and description of servants to be transferred from head-quarters, will be regulated in proportion to the strength of the detachment.

Servants for detachments.

29. The employment and discharge of the extra doolie bearers required during the summer months at hill depôts, will be carried out on such dates as may be approved of by the deputy surgeon-general, taking into consideration the date on which convalescents may proceed to join their corps.

Increase and decrease at hill depôts.

30. Permanent hospital servants are entitled to a continuance of their pay when sick, if present with their hospital, for so long as it may be unnecessary to employ substitutes to perform their duties.

Continuance of pay while sick.

31. Every permanent hospital servant is required to have a service book, in which will be entered a statement of every step in his official life, in view to the verification of service in support of application for pension or gratuity.

Service books.

32. Each entry will be attested at the time by the medical officer under whom the individual may be serving.

Entries to be attested.

33. The entries at the opening page will be renewed or re-attested every five years.

Entries to be renewed every five years.

34. Service books will be supplied, on payment, by the superintendent of stationery, Calcutta, and will be kept in the hospital office under the charge of the senior medical subordinate, and transferred with the servant from hospital to hospital. The service book will be given up to any servant who may resign or be discharged without any fault, an entry being made therein to that effect.

Supply of service books.

35. Leave of every description, every period of suspension from employment, and every other interruption in service with full detail of its duration, will be noted, by an entry written across the page, and attested by the medical officer in charge.

Leave to be entered.

36. Applications for gratuities or pensions will be forwarded to the controller of military accounts through the local authorities, and will be accompanied by the service book of the claimant.

Application for pensions.

37. The application for pension or gratuity will be made out in duplicate on B. F. 96, and should be supported by any certificates

Form to be used.

Section 10.]

Establishments.

III.

PERMANENT SERVANTS—*concluded*.

of service and character in the possession of the applicant, and corroborated—on the failure of official verification of total alleged service—by the testimony of contemporary servants, and by an affidavit of the applicant on plain paper.

Verification of service.

38. Prior to the submission of the application to the controller of military accounts, the officer under whom the applicant may be serving will verify, so far as practicable, the particulars of service.

Reference for service.

39. If the service claimed cannot be wholly verified from the records of the account offices, reference must be made to the head of the office in which the applicant states that he served during the period in doubt.

Certificate.

40. If the employé applying for pension or gratuity is sixty years old or upwards, a certificate by a medical officer is not necessary; it suffices in such case for the head of the office to certify to the incapacity of the applicant. Otherwise, incapacity for service must be established by a medical certificate in the following form:

Certified that I (we) have carefully examined _____, son of _____, a _____ in the _____. His age is, by his own statement, _____ years, and, by appearance, about _____ years. I (we) consider _____ to be completely and permanently incapacitated for further service of any kind (or, in the department to which he belongs) in consequence of (here state disease or cause). His incapacity does not appear to me (us) to have been caused by irregular or intemperate habits.

If the incapacity does not appear to be complete and permanent, the certificate will be modified accordingly, and the following addition will be made:—

I am (we are) of opinion that _____ is fit for further service of a less laborious character than that which he has been doing, or (may after resting for _____ months, be fit for further service of a less laborious character than that which he has been doing).

Reasons of unfitness to be stated.

41. If the examining medical officer, although unable to discover any specific disease in the servant, considers him incapacitated for further service by general debility, while still under the age of 55 years, he will give detailed reasons for his opinion, and, if possible, a second medical opinion will be obtained.

Leave.

42. Leave may be granted to a hospital servant for a period not exceeding three months, on his providing an efficient substitute. Should the servant to whom leave is granted overstay his leave, he will forfeit his appointment.

Dress.

43. When on duty at the hospital, the servants will appear in a clean and orderly dress.

Doolie-bearers.

43a. Doolie-bearers attached to British corps, will be disposed of in the same manner as other regimental establishments, when corps move.

Establishments.

[Section 10.]

IV.—Temporary Servants.

IV.

44. Temporary servants according to actual requirements, and Employment. with the sanction of the deputy surgeon-general, may be employed—

a. Whenever necessary from increase of sick amongst British troops.

b. For rest-camp non-dieted hospitals, *vide* appendix Q.

c. For attendance on patients suffering from cholera, to such extent as the local medical authorities may consider necessary.

d. For hospitals of dépôts of native troops, when the whole of the permanent establishment is required to accompany a corps on service.

45. On the requisition of the medical officer in charge, counter- Extra establish-
ment. signed by the deputy surgeon-general, extra establishments not provided for in the above paragraph, may be employed for any special purpose, under the authority of the officer commanding the station, district, or division.

46. Temporary and extra servants will be provided and paid by Payment. the commissariat department.

47. In hospitals for British troops, temporary servants will be Grades. employed in the third grade of the army hospital native corps class, unless an appointment to a higher grade is sanctioned by the surgeon-general.

48. Whenever it may be necessary to employ temporary ser- Reason for
employment. vants, full explanation, showing the necessity for their employment, will accompany the requisition to the deputy surgeon-general.

49. When the necessity for the employment of any temporary Discharge. servant has ceased, he will be immediately discharged, a report of the same being furnished to the deputy surgeon-general.

50. Whenever the extra labour and services of hospital ser- Special report
for meritorious
service. vants call for special recognition during a cholera epidemic, the medical officer in charge will submit a full report, through the divisional or district authorities, for the consideration of the commander-in-chief and of government, as soon after the outbreak as possible. These recommendations will only be made when the epidemic has been exceptionally severe and protracted, and when the work has been well done.

51. The first pay bill of temporary servants engaged under para- Payment. graph 47, or to complete as a temporary measure the number of servants required for a station hospital, will be supported by a certified copy of the requisition, countersigned by the deputy surgeon-general, upon which the men were engaged. Thereafter the monthly pay bills will be supported by a certificate, which should be prepared a day or two before the close of the month, by the medical officer in charge, countersigned by the deputy surgeon-general, to the effect that the retention of the men, for the period for which pay on their account is claimed, was absolutely necessary.

Section 10.]

Establishments.

V.

V.—Hot-weather Establishments.

- Why sanctioned. 52. Hot-weather establishments are employed for pulling punkahs' watering tatties, and working thermantidotes.
- Supply. 53. They will be supplied by the commissariat department on a requisition approved by the deputy surgeon-general, and will be supplied, as far as practicable, from the movable column establishment.
- Movable column establishment. 54. Such servants as are drawn from the movable column establishment to perform these duties in hospitals will be at the disposal of the commissariat department when required for any emergent duty. The commissariat department will, however, give due notice before withdrawing such servants, and provide substitutes by hire in the room of those withdrawn.
- Punkah coolies. 55. Coolies for pulling punkahs will be employed at the commencement of the hot season, and discharged when no longer necessary, under the authority of the officer commanding the station.
- Number sanctioned to be communicated. 56. The maximum number of bhisties and coolies sanctioned for tatties, thermantidotes, and punkahs in each hospital, will be communicated annually to the medical officer in charge by the quartermaster-general's department.
- Coolies for office and surgery. 57. Punkah coolies are authorised on the following scale for the office, surgery, and dispensary of station hospitals of British troops, when considered absolutely necessary by the medical officer in charge, *viz.* :—
- One set of two coolies when the rooms are connected ; two sets of four coolies when the rooms are not connected.
- Coolies for nurses. 58. The continued supply of punkah coolies to nurses residing in hospitals is sanctioned, notwithstanding that there may temporarily be no patients in the hospital for soldiers' wives and children.
- Bhisties for tatties. 59. One bhistie is allowed for every three tatties, and one coolie for every two, and the necessary number of mate bhisties and mate coolies according to local custom.
- Well-gear and yoke. 60. The necessary well-gear (rope, hemp, pulley and leather mote with iron frame), with a yoke for each pair of bullocks, will be supplied when required during the period tatties are in use. The number of cattle to be employed will be decided by the annual committee convened to survey the tatties previous to their issue.
- Rates of pay. 61. The rate of pay for punkah pullers will be fixed at the commencement of each season by the officer commanding the station.
- Pay how drawn. 62. The charge for these establishments will be supported by a return on B. F. 176, and the first bill by an extract of the proceedings fixing the rates of pay of the men hired for the season. Commissariat officers will certify and pay the number of men supplied from the movable column establishment.

Establishments.

[Section 10.]

HOT-WEATHER ESTABLISHMENTS—*concluded*.

V.

63. The requisition for hot-weather establishment is due a week Requisition. before the establishment is authorised to be employed, and will be forwarded in triplicate to the deputy surgeon-general for approval, countersignature, and transmission to the executive commissariat officer for compliance. The triplicate copy will be returned to the medical officer in charge by the executive commissariat officer to support the first month's bills for the men's pay.

[NOTE.—*Sections and paragraphs to be quoted, and not pages.*]

Section 11.

SECTION 11.—SUPPLIES.

I.

I.—General Rules.
 II.—Medical Store Depôt.
 III.—Public Works Department.

IV.—Commissariat Department.
 V.—Government Printing.
 VI.—Ordnance Department.

I.—General Rules.

Mode of obtain-
ing supplies.

Definition of
term "requisi-
tion."

Ordinary
requisitions.

Emergent
requisitions.

Explanation to
accompany
emergent
requisitions.

Stores supplied
by telegraphic
instructions.

Responsibility
of transmitting
officer.

Responsibility
of endorsing
officer.

Responsibility
for requisitions
for unauthor-
ised articles.

1. The recognised mode of obtaining hospital supplies is by requisition in writing.

2. A requisition is not in itself a voucher of the quantity issued until receipted, when it will be acknowledged as such on the examination of accounts.

3. Ordinary requisitions are those provided by regulation as to period, quantity, and circumstances of issue. These requisitions will, in the first instance, be signed by the officer making the demand, and will be transmitted to the deputy surgeon-general for approval, countersignature, and despatch to the issuing department, and the deputy surgeon-general is held responsible that only such supplies as are absolutely necessary are sanctioned.

4. Emergent requisitions are for supplies not duly provided by regulation. Requisitions for articles not authorised, or in excess of scale, require the sanction of government; and deputy surgeons-general will not pass such requisitions unless of opinion that articles are urgently needed on *medical* or *sanitary* grounds, in which case the requisition will be complied with as noted in paragraph 12.

5. Emergent requisitions will be accompanied by a full and satisfactory explanation, and the deputy surgeon-general will, before passing them, satisfy himself that the urgency of the case justifies the intermediate demand.

5a. Whenever stores are asked for by telegram, medical officers will be careful to submit a requisition, on the prescribed form, for the articles required.

6. An executive medical officer transmitting a requisition, is responsible to his immediate superior that it is correct in form, authorised by regulation, and supported by the requisite vouchers; that those vouchers are, to the best of his knowledge, authentic; and that the entries in the several columns are correct. All erasures will bear his initials.

7. A deputy surgeon-general who endorses a requisition with his countersignature, verifies the signature of his subordinate, and that he holds the position therein represented. He testifies to the authenticity of the circumstances under which the demand is made, to the necessity of the supply, and that articles requiring to be replaced have been fairly used and any loss duly accounted for.

8. In the case of requisitions for articles unauthorised, or in excess of scale, the approval and countersignature of the deputy surgeon-general renders that officer pecuniarily responsible in the

Supplies.

[Section 11.]

GENERAL RULES—continued.

I.

event of government refusing sanction. Supplies that have to be drawn from authorised reserves will not be considered as in excess of scale.

9. The officer receiving the supply is responsible that the state of the articles, as to the quality and quantity, agrees with the requisition or receipt, and that the articles are in a perfectly serviceable condition. Responsibility of receiving officer.

10. When a requisition has been fully supplied, it will be receipted and dated by the receiving officer, and transmitted with the least possible delay to the issuing officer. Compliance of requisitions.

11. On all occasions of taking over charge of stores, the medical officer will satisfy himself, by personal inspection, as to the quantity and quality of the stores for which he makes himself responsible. Inspection of stores.

12. If a requisition for articles not authorised, or in excess of regulation, be received by a local executive officer, he will inform the officer demanding that there is no authority for the supply, and state on the requisition the approximate cost of compliance. If the articles are still desired, the requisition will be submitted by the officer making the demand to the officer commanding the station, or the deputy surgeon-general, for the sanction of government through the prescribed channel. But in cases of absolute emergency, these officers will use the discretionary power vested in them as commanding officer, or deputy surgeon-general respectively, and direct the requisition to be complied with, in anticipation of the sanction of government, furnishing the local executive officer with an extract of the order for the confirmation of government in the usual manner. Unauthorised supplies

13. In all cases where recommendations involve extra expense not provided for by regulations, full particulars will be furnished for the information of government, both as to the amount and necessity of the outlay. It should also be stated whether the cost of the measure can be met by any corresponding reductions. Recommendations involving extra expense.

14. In all cases of loss of stores, &c., the medical officer under whose charge they may have been, will report the circumstances to the officer commanding, with a view to a board being assembled to investigate the circumstances of the case. A similar report, together with a copy of the proceedings of the board, will be furnished to the deputy surgeon-general, and a copy of the proceedings forwarded to the examiner of accounts concerned. Report of loss of stores.

15. All cases of recovery of government stores, the loss of which has been previously brought to notice, will be reported to the deputy surgeon-general and examiner of accounts concerned. Report of lost stores recovered.

16. When stores are issued by the commissariat department for the use of the sick *en route* to the port of embarkation, and which are to be returned into store at the end of the journey at Bombay or Deolali, two lists will be signed by the medical officer or subordinate proceeding in charge, one of which will be retained by Stores for troops to port of embarkation.

Section 11.]

Supplies.

I.

GENERAL RULES—continued.

him, and the other sent to the commissariat officer to whom the articles are to be returned.

Return of
stores.

17. On the arrival of the sick at Bombay or Deolali, the commissariat officer will call upon the medical officer or subordinate to return the articles, and on receipt will compare their condition with that stated in the acknowledgment, and assess the damages, if any. In the event of the medical officer or subordinate failing to account for any portion of the stores, the commissariat officer will recover their value at the rates at which they are locally obtainable. In the case of medical stores or comforts, only the unexpended balance, if any, will be accounted for and returned into store at the port of embarkation.

Stores for
rest-camps.

18. The authorised stores for rest-camp non-dieted hospitals, *vide* appendix XXXI, will be under the charge of the warrant medical officer attached, who is required to account for the expenditure in the same manner as in station hospitals.

Disposal of
stores on closing
of rest-camps.

19. On the closing of rest-camps, the unexpended portion of the stores will be disposed of as follows: medical comforts, stationery and miscellaneous articles to the commissariat department; medicines, bazar supplies and disinfectants to any hospital in the division or district under the orders of the deputy surgeon-general; and surgical equipment to the medical store dépôt.

Scale of
equipment.

20. Equipment and supplies for station hospitals of British troops will be allowed on the following basis: For men at 12 per cent. on the authorised strength of the garrison for all hill dépôts, and for Agra, Cherat, Delhi, Fort Lahore, Meean Meer, Morar, Nowshera and Peshawar; and at 10 per cent. for all other stations. For women and children:—

100 and under 200 troops	.	.	1 woman and 2 children.
200 " 300 "	.	.	2 women " 2 "
300 " 400 "	.	.	3 " " 3 "
400 " 600 "	.	.	4 " " 4 "
600 " 1,000 "	.	.	6 " " 6 "
1,000 troops and over	.	.	8 " " 8 "

At hill dépôts 50 per cent. extra on above scale. The equipment for children will be supplied in equal proportion for boys and girls.

Taking stock.

21. Medical officers will take stock of all stores under their charge, at the period of submission of the regular requisitions for fresh supplies.

Despatch of
stores.

22. When it is necessary to despatch public stores by rail or bullock train, application will be made to the nearest commissariat officer for a "credit note" or "order;" the nature of the stores, whether ordnance, commissariat, or medical; the exact quantity and weight of each package; and the address should be specified. The commissariat officer on receipt of the application, will then intimate to the medical officer whether the stores are to be sent to his office

Supplies.

[Section 11.]

MEDICAL STORE DEPÔT.

I & II.

for despatch, or whether they are to be forwarded direct to the railway station or post-office, forwarding in the latter case, the credit-note or order, which will be presented with the packages.

23. At stations where there are sections of the station hospital, the requirements of all the sick of the station in regard to supplies will be included in the requisitions of the medical officer in charge of the station hospital, who will make a monthly issue of the same to the respective sections of the hospital, in such quantities as may be considered necessary. In the case, however, of articles of a bulky and heavy nature, such as fuel, earthenware, &c., arrangements will be made with the department of supply to deliver direct to the sections of the station hospital the quantities required by each.

Supplies for sections.

24. Extracts from brigade or station orders, in support of requisitions for extra carriage, or for articles unauthorised or in excess of the sanctioned scale, will be furnished by the senior medical officer of the station to the commissariat department.

Orders relating to unauthorised stores.

II.—Medical Store Depôt.

25. The supplies issued by the medical store depôt consist of medicines, surgical instruments and appliances, professional books, and codes of regulations.

Description.

26. The medical store depôts are situated respectively at the Presidency, Allahabad and Meean Meer, and supply stores to the stations comprising the following divisions and districts:—

Medical depôts.

Presidency Depôt.

Presidency district.		Eastern frontier district.
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Allahabad Depôt.

Allahabad division.		Rohilkund district.
Meerut division.		Gwalior district.
Oudh division.	|	Saugor district.

Meean Meer Depôt.

Lahore division.	|	Peshawar district.
Rawal Pindi division.	|	Punjab frontier force.
Sirhind division.	|	

27. The authorised medicines are noted in appendix XI, and may be had in such quantities as the deputy surgeon-general may approve.

Authorised medicines.

28. Medical officers will give their special attention to indigenous drugs, the value of which, not only on their own account, but as substitutes for the more expensive articles of the British pharmacopœia, should not be overlooked. These drugs are procurable on requisition from the medical store depôt.

Indigenous drugs.

29. The scale of surgical instruments and appliances, and of professional and other books, is given in appendix XII.

Scale of instruments and appliances.

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Supplies.

II.

MEDICAL STORE DEPÔT—*continued*.

Storage of
articles
authorised for
administrative
charges.

30. The articles authorised for administrative charges will be fitted with a strong outer case, solid leather, or wood, as may be desirable, for transmission by post, railway, or bullock train, and will be stored, under the orders of the deputy surgeon-general, in any of the hospitals in the division or district for issue as he may determine.

Articles specially
authorised.

31. Articles to be supplied "on special requisition" will only be issued under the authority of the surgeon-general, to whom all such requisitions will be submitted. In cases of emergency, when time will not admit of a reference being made to the surgeon-general, deputy surgeons-general may sanction the supply of an unauthorised article or in excess of scale, subject to the approval of the surgeon-general.

Additions to
scale.

32. Additions to the above scale for special cases, can only be supplied under the authority of the surgeon-general, Her Majesty's forces.

Scale for minor
charges.

33. The scale for medical charges not included in the authorised scale, will be fixed by the surgeon-general.

Supply of
unauthorised
articles.

34. Medical officers requiring any surgical instrument or appliance which is not authorised for their particular charge, will apply for the loan of the article from any hospital in the station where the same is authorised or stored.

Water-beds and
cushions.

35. Water-beds and cushions will be returned to the presidency medical store depôt when the necessity for their use has passed.

Dates of
submission of
requisitions.

36. Requisitions, M. H. F. 22, will be submitted on the following dates, and the medical officer in charge is responsible that the unexpended quantity of each article is accurately entered in the column "remaining in store," and that the quantities required are filled in by him:—

British troops . . . Half-yearly—on the 1st January and 1st July.

Native troops . . . Annually—on 1st February for Shillong, and 1st May for all others.

Garrison dispensaries, and ordnance, station staff and lock hospitals. Annually—on 1st March from presidency depôt, and 1st January from Allahabad and Meean Meer depôts.

Requisitions for
unauthorised
articles.

37. When any medicine, surgical instrument, or appliance is required in excess of regulations, a special requisition will be submitted for the orders of the surgeon-general.

Invoices.

38. On the receipt of stores, the medical officer in charge will check them with the invoice, after which the invoice will be signed and returned to the medical store-keeper.

Non-compliance
with requisitions.

39. In the event of any of the sanctioned articles not being received from the medical store depôt within a reasonable time, the medical officer in charge will report the deficiencies to the deputy

Supplies.

[Section 11.]

MEDICAL STORE DEPÔT—*continued.*

II.

surgeon-general, who will take the necessary steps to secure their prompt issue.

40. Cases of surgical instruments received from medical store depôts will be supplied with a list of contents. This list will be compared by medical officers on all occasions of the transfer of stores; and should any deficiency be found, the fact will be noted in the transfer receipts.

Lists of articles in cases of instruments.

41. Cases containing medical stores will be opened in the presence of the medical officer to whom they are consigned; and should the latter see fit, a board of survey will be assembled on application to the officer commanding the station.

Opening of case of stores.

42. The board will examine and report on the external condition of the packages, and on the condition of the contents as to packing and quantities, and will be guided by the invoice of stores forwarded with the packages. The proceedings, A. F. A2, will be forwarded to the surgeon-general through the deputy surgeon-general, to which will be appended a certificate from the medical officer in charge that the stores were opened in his presence.

Boards on stores.

43. Medical officers having failed to ask for such boards when in their power, will grant a receipt in full according to the invoice list; the loss and deficiency, if any, will then fall on themselves.

Responsibility of medical officers.

44. Whenever articles are broken or damaged in transit, or are accidentally omitted to be supplied, an emergent requisition for the same, accompanied by a statement of the circumstances of the case (on third page of M. H. F. 23), will be forwarded through the prescribed channel. In the case of articles broken or damaged in transit, a copy of the proceedings of the board, A. F. A2, will be appended to the requisition.

Damage in transit of stores.

45. In stations where a medical depôt is situated, all empty jars and bottles which are not required for hospital use, together with the cases and packing material, will be returned to the depôt from whence received. In all other stations these articles will be made over to the commissariat department for disposal.

Disposal of empty vessels.

46. Vessels containing medicines and other perishable articles will, on receipt from the medical store depôt, have the date of original receipt of such articles marked on them, and medical officers will see that the old stock is quite exhausted before the new supply is taken into use.

Date of receipt to be noted on vessels.

47. Whenever it may be necessary to replace unserviceable surgical instruments or appliances, the medical officer in charge will apply to the officer commanding the station, through the proper channel, for a board of survey, to report on the articles in question. These boards will assemble in the month previous to the submission of the regular requisition. When a board of two or three medical officers cannot be convened, the medical officer in charge will fill up the proceedings, M. H. F. 24, and forward them for the approval of the deputy surgeon-general.

Boards on surgical equipment.

Section 11.]

Supplies.

II.

MEDICAL STORE DEPÔT.—*continued.*Disposal of
unserviceable
articles.

48. All unserviceable articles of a worthless nature, which are not likely to realise anything, and air and water-beds and cushions considered unserviceable, will be destroyed in presence of the board; all other unserviceable articles—excepting surgical instruments, which will be forwarded to the medical store depôt—will be made over to the executive commissariat officer for disposal.

Disposal of
repairable
articles.

49. Articles of a delicate nature requiring repairs, such as those marginally noted, will be forwarded to the presidency medical store depôt; all other repairable articles will be forwarded to the provincial medical store depôt.

Stores sent to
depôt.

Amputating	instruments.
Eye	ditto.
Lithotomy	ditto.
Cupping	ditto.
Cranium-dissecting	ditto.
Knives.	
Scalpels.	
Pocket-cases.	
Trocars.	
Lancets.	
Sharp scissors.	
Trephines, &c.	

50. Lists in triplicate on M. H. F. 58, of all articles forwarded to the medical store depôt, will be sent to the medical store-keeper, the original and duplicate by post, and the triplicate enclosed in the packing case containing the articles.

Address on cases.

51. The address on packing cases of articles sent to the medical store depôt will show the hospital from which the stores are sent.

Renewal
repairable
articles.

52. Medical officers before returning to the medical store depôt such articles as may be out of repair, will send a requisition for others to replace them, on receipt of which the repairable or unserviceable articles will be sent to the depôt packed in empty cases in which stores may have been received. This course will be adopted only if decided inconvenience is likely to arise from the temporary want of these articles, either because they are frequently required, or because there is no other of the kind available in the station. Under other circumstances the articles will be sent for repair, and their return awaited.

Measurements
for appliances.

53. Medical officers, when indenting for elastic stockings, trusses, and artificial legs, will give full and correct measurements, as directed in appendix XIII.

Instruments to
complete cases.

54. In making requisitions for surgical instruments to complete cases of instruments in stock, the medical officer in charge will give a full explanation as to the cause of deficiency, and the deputy surgeon-general will satisfy himself that the reasons adduced are satisfactory.

Expenditure of
appliances.

55. Appliances expended in the treatment of the sick, or broken in hospital practice, such as tow, lint, tape, glass, crockery, &c., will be shown in the column of issues of the half-yearly return of surgical equipment, M. H. F. 25, and a note will be appended in the column of remarks explaining whether the articles of glass, crockery, &c., were broken from carelessness or accident, or have become useless from constant use.

Supplies.

[Section 11]

PUBLIC WORKS DEPARTMENT.

II & III.

56. On the departure of a corps from a station, the whole of the medical and surgical stores not authorised to be taken will be left behind for the relieving troops, or when such a course is impracticable, disposed of under the orders of the surgeon-general. Disposal of equipment.

57. When a station hospital for British troops is, however, permanently closed, the surgical equipment will be delivered over to the medical store depôt, and all other medical stores distributed to other hospitals under the orders of the deputy surgeon-general.

57a. The instructions for packing and forwarding mineral acids will be found in appendix XLIII. Mineral acids.

III.—Public Works Department.

58. The public works department is entrusted with the custody and repair of all hospital buildings, and with the supply and repair of hospital furniture and fixtures; and the executive officers of that department are authorised to comply with requisitions for quarters, accommodation, furniture and fixtures within the limits assigned by regulations. Custody and repair of buildings and furniture.

59. The authorised scale of furniture is given in appendix XIV. Every hospital will, however, be provided with furniture according to the extent only of the accommodation which it affords. For reserves see appendix XX. Scale of furniture.

60. When the number of sick in hospitals of British troops exceeds that for which furniture is authorised by scale, a further supply of necessary articles of furniture sufficient to meet the requirements of the extra sick, according to scale, will be provided on the orders of the officer commanding the division or district. In cases, however, of rapid increase of sick, necessitating the provision of extra hospital accommodation, barrack cots, tables and forms may be used when similar articles of hospital furniture are not available or readily procurable. Furniture for extra sick.

61. Such additional forms and tables as can be spared from the authorised reserve of barrack furniture may be supplied to hospitals of British troops on the representation of the medical officer in charge, when the number of convalescing patients is so large that the sanctioned number is not sufficient. Extra forms and tables.

62. In hospitals of native troops, the scale of charpoys may be temporarily increased to such extent as may be considered necessary by deputy surgeons-general, to meet cases of unusual sickness. Extra charpoys.

63. Medical officers in charge will submit to the executive engineer, on forms supplied by the public works department, as soon after the 1st October of each year as possible, requisitions for furniture required to complete the authorised complement or to replace furniture already condemned. These requisitions will represent the furniture requirements for the official year succeeding the one in which it is drawn out, and officers are responsible that their requirements are correctly set forth. Requisitions for furniture.

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Supplies.

III & IV.

COMMISSARIAT DEPARTMENT.

Emergent
requisition for
furniture.

64. Special requisitions for furniture may be sent in for such articles, the necessity for which could not have been foreseen at the time of the preparation of the annual requisitions.

Disputes on
furniture.

65. Should any dispute arise regarding the quality or description of the furniture supplied, or the repairs executed, the case will be reported to the officer commanding the station.

Supply of stoves.

66. Where no fireplaces exist in hospital buildings, stoves or braziers, with pipes leading to the open air, will be supplied by the public works department, and an issue of charcoal will be made by the commissariat department in lieu of wood, to the extent approved by the officer commanding the station, provided that the cost of charcoal so supplied does not exceed that of the wood sanctioned.

IV.—Commissariat Department.

Supply of
equipment.

67. The provision of equipment and supplies devolves on the commissariat department.

Approval of
musterers.

68. All patterns of clothing, bedding and equipment which can, without inconvenience, be sent for the surgeon-general's inspection, will be subject to his approval.

Sealing musters.

69. A seal for sealing muster patterns of hospital equipment will be kept by the deputy surgeon-general, presidency district, who will be either the president or member of the board which assembles to determine articles of equipment.

Period of supply.

70. The authorised stores will be supplied at the following periods :—

Half-yearly—1st January and 1st July.

Miscellaneous articles.
Recreation games.
Kitchen utensils.
Diet and table requisites.
Clothing.
Bedding.

Quarterly—1st January, 1st April, 1st July and 1st October.

Bazar medicines.
Necessaries.
Stationery.
Blank forms.
Disinfectants.
Perishable miscellaneous articles.
Articles for carrying and preserving ice.

Monthly.

Petty supplies.

Supplies.

[Section 11.]

COMMISSARIAT DEPARTMENT—*continued*.

IV.

Daily.

Articles of diet.
 Extras, ordinary and supplementary.
 Wines.
 Spirits.
 Malt liquors.
 Effervescing liquids.
 Drinks.
 Ice.

71. Hospital equipment embraces the following articles:—

Classes of equipment.

- a.* Miscellaneous articles.
- b.* Recreation games.
- c.* Kitchen utensils.
- d.* Diet and table requisites.
- e.* Clothing.
- f.* Bedding.

72. Hospital equipment, in accordance with the scale given in appendix XV, will be supplied by the commissariat department to purveyors for hospitals of British troops, and in the case of native troops to the medical officer in charge on requisition. For reserves see appendix XXI.

Issue to purveyors.

73. For hospitals of British troops over 150 beds, the equipment will be in proportion to the number of beds based on the authorised scale.

Scale for over 150 beds.

74. When the percentage of sick in hospitals of British troops exceeds that for which equipment is authorised to be kept in store, a further supply, sufficient to meet the requirements of the extra sick, according to scale, will be provided by the commissariat department, without reference to superior authority.

Extra equipment.

75. When articles of hospital equipment authorised for hospitals of native troops become unserviceable, they will, before a fresh supply can be issued on the medical officer's requisition, be condemned by a board of survey. Boards of survey will be convened half-yearly in June and December.

Renewal of equipment to native troop.

76. All new articles of hospital equipment will be surveyed by a board at the commissariat godown before being made over to hospitals. They will be compared with muster patterns, and any article which is not strictly in accordance with the muster will be rejected.

Supply of new articles.

76a. Hospital bedding and clothing considered unserviceable, will be presented in a clean washed state to the board of survey. Boards will have the articles counted and the numbers entered in the proper column of the report. Other articles of hospital equipment considered unserviceable, will be similarly treated.

Boards of survey.

Section 11.]

Supplies.

IV.

COMMISSARIAT DEPARTMENT—continued.

- Disposal of articles condemned.
- 76b. As a rule, all articles condemned as unserviceable will be made over to the commissariat department, but boards may exercise a discretion in ordering to be destroyed such miscellaneous articles as, from fair wear and tear, are of no value, and such clothing and hedding as cannot, by reason of their fabric, or from their torn and tattered state, be used for cleaning rifles. Boards have power to order condemned articles of clothing (even when fit to be used in cleaning rifles) to be destroyed in special cases, such as the recent prevalence of an infectious disease, or on other similar grounds. The manner in which the several articles have been disposed of, will be noted in the board's proceedings.
- Boards of survey on pillows and mattresses.
77. Boards of survey on pillows and mattresses will open and examine a small percentage of such articles of bedding taken at random, in order to satisfy themselves that the inner material is up to muster.
- Issue of equipment passed by boards.
78. All articles of hospital equipment which have been passed by a board of survey as serviceable, will be received by medical officers when tendered for use in hospital.
- Destruction of articles.
79. Whenever it may be necessary to destroy articles of hospital equipment used by patients suffering from cholera, small-pox, or other infectious disease, in consequence of it being impracticable to purify them, the medical officer in charge will furnish a certificate countersigned by the deputy surgeon-general, to the effect that they have been destroyed under the latter's authority, and the commissariat department will replace the articles thus destroyed.
- Sizes of clothing.
80. Clothing for men is made up of two sizes, two-thirds being suitable for men of five feet six inches and under, and one-third for men over that height. The clothing for women is made of two sizes, two-thirds being suitable for women of five feet three inches and under, and one-third for women over that height. Clothing for children is made up of three sizes, half being of the smallest size suitable for infants under three years of age, the remaining half being of two sizes, in equal proportions, for children of six and nine years of age respectively.
- Size of slippers.
81. Slippers for men will be made up of three sizes, and will be issued in the following proportions :—No. 1 size ten per cent., No. 2 size seventy per cent., and No. 3 size twenty per cent.
- Clothing for men.
82. The clothing for men consists of—

Under-clothing.

- | | | |
|------------------|--|-----------------|
| Belts, flannel. | \| | Shirts, cotton. |
| Drawers, cotton. | | Vests, flannel. |

Supplies.

[Section 11.]

COMMISSARIAT DEPARTMENT—*continued*.

IV.

Over-clothing.

SUMMER.

WINTER.

Trousers, light, woollen.
Jackets, light, woollen.
Socks, cotton.

Gowns, long, woollen.
Trousers, warm, woollen.
Socks, worsted.

83. The extra articles of warm clothing sanctioned at certain stations consist of— Extra clothing for men.

Comforters, knitted woollen: for cases of consumption, sore-throat, &c.

Drawers, flannel: to be worn under the warm woollen trousers.

Waistcoats with sleeves, woollen: to be worn either above or under the long woollen gown.

84. The articles common to all descriptions of clothing are—

Caps, blue flannel, lined with calico, of skull-cap-pattern and fitting close to the head: for use of men whose heads may have been shaved.

Handkerchiefs, cotton.

Slippers, leather.

85. The clothing for women consists of—

Clothing for women.

Under-clothing.

SUMMER.

WINTER.

Petticoats, calico.
Shifts, cotton.

Petticoats, flannel.
Shifts, flannel.

Over-clothing.

SUMMER.

WINTER.

Gowns, short, calico.
Stockings, cotton.

Gowns, long, woollen.
Stockings, worsted.

86. The articles common to all descriptions of clothing are—

Gowns, night, long, calico.

Handkerchiefs, cotton.

Slippers, pairs.

87. The clothing for children consists of—

Clothing for children.

SUMMER.

WINTER.

Gowns, long, cotton.
Shirts, night, cotton.
Stockings, half, cotton.

Gowns, long, woollen.
Shirts, night, flannel.
Stockings, half, woollen.

Slippers are common to all descriptions of clothing.

88. The extra articles of warm clothing sanctioned at certain stations consists of— Extra clothing for children.

Drawers, flannel, for boys.

Drawers, flannel, for girls.

Section 11.]

Supplies.

IV.

COMMISSARIAT DEPARTMENT—*continued.*

Extra articles of warm clothing.

89. Comforters and flannel drawers for men, and flannel drawers and flannel petticoats for children, are authorised, on the scale laid down, for the stations noted in the margin; but waistcoats with sleeves are sanctioned for men at hill stations, and at Peshawur, Nowshera, Attock, Campbellpore, and Rawal Pindi only.

Hill stations.	Delhi.
Peshawur.	Moradabad.
Nowshera.	Bareilly.
Attock.	Shahjahanpur.
Campbellpore.	Sitapur.
Rawal Pindi.	Fateghar.
Dera Ismail Khan.	Muttra.
Meean Meer.	Agra.
Ferozepore.	Gwalior.
Mooltan.	Morar.
Sialkot.	Lucknow.
Jullundur.	Fyzabad.
Umballa.	Cawnpore.
Roorkee.	Amritsar.
Meerut.	

Buttons.

90. Black horn buttons will be used with the long woollen gowns issued to hospitals.

Cloth and thread for repair.

91. Cloth and thread, for repairs of articles of clothing and bedding, will be supplied direct to purveyors by the commissariat department.

Flannel and serge to be shrunk.

92. The flannel and serge required for the several articles of clothing, will be well shrunk before being made up.

Teasing of coir.

93. Whenever it appears desirable in hospitals of British troops to have the coir in the mattresses and pillows teased, the medical officer in charge will forward a certificate to the executive commissariat officer, showing the number of each article which requires to be opened out for this purpose.

Renewal of blankets for native troops.

94. The blankets authorised for hospitals of native troops will not be replaced except on the report of a board of survey that they have become unserviceable through fair wear and tear, and that they have been in use for three years at least.

Supply of purdahs.

95. When the doors and windows of hospitals for British troops are not well appointed, and it is considered desirable that purdahs should be furnished, the medical officer in charge will submit a certificate to that effect for the approval of the deputy surgeon-general. This certificate will then be forwarded to the commissariat department for supply.

Supply of chicks.

96. Whenever chicks are required for hospitals of British troops, the medical officer in charge will furnish the purveyor with a certificate, detailing the buildings for which the chicks are required, and the number of openings (outer and inner), with their dimensions.

Supply of bread-pans and spittoons.

97. Bread-pans and spittoons will, as far as practicable, be of the Jullundur pattern; but when articles of this description cannot be procured, any good pattern may be supplied, provided uniformity is observed at each station.

Tinning of wash-hand basins.

98. Steel washing-basins will be tinned twice a year by the commissariat department, and the medical officer in charge will specify in the tinning certificate the number of basins tinned, and the date of the previous tinning.

Supplies.

[Section 11]

COMMISSARIAT DEPARTMENT—*continued*.

IV.

99. Hospital equipment, on the scales laid down for regiments of native cavalry and infantry, is authorised for the Deolie irregular force, Erinpoora irregular force, Meywar Bheel corps and Mhairwarra battalion. Equipment for troops in Rajputana.

100. Hospital supplies, which embrace the following articles, will be delivered at the hospital by the commissariat department:— Classes of supplies.

a. Bazar medicines.

b. Necessaries.

c. Stationery.

d. Disinfectants.

e. Perishable miscellaneous articles.

f. Hot-weather supplies.

g. Petty supplies.

100a. These articles will be provided on the requisition, M. C. Scale. F. 4, of the medical officer, in accordance with the scales given in appendices XVI and XVII.

101. For hospitals of British troops under five and over one hundred and fifty beds, the scale of hospital supplies will be in proportion to the number of beds on the authorised scale.

102. The authorised scale of hospital supplies will not be intended in full unless actually required, nor will the scale be exceeded, except with the approval of the deputy surgeon-general after full explanation on the face of the requisition. Requisitions for supplies.

103. Articles of hospital supplies will be examined by the medical officer who receives them, and he will reject such as are of an inferior description. Inspection of supplies.

104. In the event of the medical and commissariat officers differing in opinion as to the description or quality of supplies, the medical officer in charge will apply through the prescribed channel for a board of survey, whose decision will be final. The medical officer for whom the supplies were intended will attend the board. Boards of survey on supplies.

105. When a hospital is vacated, the unexpended portion of supplies will be made over to the commissariat department for re-issue to other hospitals. Disposal of supplies.

106. Stationery for wings and detachments of native troops will be supplied from regimental head-quarters, care being taken that the allowance per regiment is not exceeded. Stationery for wings and detachments of native troops.

107. When the scale of stationery for hospitals of native troops proves inadequate for regiments or batteries broken up in wings or detachments, demands in excess of that scale, limited to actual requirements, may be sanctioned by the deputy surgeon-general on full explanation, to be recorded on the face of the requisition. Extra stationery for native troops.

108. The use of ice in hospitals of British troops is authorised during the summer months, and will be supplied by the commissariat department on daily requisitions, M. C. F. 2; and on arrival at the hospital will be carefully packed in the ice-box provided for the purpose. Supply of ice.

109. The ice will be kept in charge of the senior warrant medical officer, who is responsible that the quantity supplied is Custody.

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Supplies.

IV.

COMMISSARIAT DEPARTMENT — *continued.*

expended solely for the benefit of the sick, in strict conformity with the orders of the medical officer in charge.

Period of supply.

110. The dates from which ice will be supplied, as well as that on which it should be discontinued, will be determined by the deputy surgeon-general.

Scale.

111. The quantity of ice required will be based on the number of patients actually requiring its use.

Waste in transit.

112. Provision will be made by the commissariat department for waste in transit, so that the full quantity of ice asked for may be delivered daily at the hospital.

Discontinuance of supply.

113. Whenever the cost of ice exceeds four annas a seer, the executive commissariat officer will advise the deputy surgeon-general of the fact, in view that the supply may be discontinued as soon as possible, due regard being paid to the requirements of the cases under treatment.

Supply of machine-made ice.

114. When it is expedient for the commissariat department to supply machine-made or American ice to hospitals, the medical officer in charge will give timely notice by letter to the deputy surgeon-general (for communication to the commissariat department) of the estimated total daily requirements of ice (machine-made or American) for each week in advance during which, or any part of which, the supply is required to be made; such estimated quantity being determined with reference to the expenditure of the previous week, and other circumstances which may be likely to influence the requirements.

Description to be supplied.

115. Only one description of ice is authorised at one time, and this will be the cheapest procurable.

Empty bottles for iced water.

116. Empty bottles to contain iced water will be supplied by the commissariat department on requisitions, the bottles being returned when no longer required.

Scale of fuel.

117. Fuel for warming purposes is authorised at the stations given in appendix XVIII, and only such proportion of the fuel allowed by regulations will be drawn as is actually necessary for the requirements of the sick. Any fuel that is over from previous supplies will be credited in making demands for fresh supplies.

Fuel for medical subordinates

117a. Fuel is sanctioned for all medical subordinates (except hospital assistants), when doing duty at hill stations (classes A and B) *only*, at the rate of forty lbs. per diem in winter and twenty lbs. per diem in summer. The issue during the summer and winter months will correspond with the period of supply as made to the troops located in the same station.

Fuel for nurses.

117b. Nurses are allowed fuel for one small fireplace each, and on the scale laid down as if they were living in barracks.

Custody.

118. The authorised quantity of fuel (wood and charcoal) will be delivered at the hospital daily by the commissariat department, and will be under the charge of the senior warrant medical officer,

Supplies.

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COMMISSARIAT DEPARTMENT—*continued.*

IV.

or senior hospital assistant, who is required to see that it is expended solely for the purpose for which it is authorised.

119. In the case of an outbreak of epidemic disease, or other extraordinary circumstances, the scale of fuel to be supplied to any station will be fixed by the officer commanding, on the recommendation of the senior medical officer, and with strict regard to the actual requirements of the case. Scale during epidemics.

120. The size of the pieces of firewood issued for use in hospitals will be determined by the senior medical officer, subject to the approval, when the executive commissariat officer considers it necessary, of the officer commanding the station; but in no instance must the pieces of firewood exceed eighteen inches in length, either for cooking or warming purposes. Size of pieces of wood.

121. The native hospital of each of the mountain batteries of royal artillery stationed at Khyragully and Jutogh is allowed fuel for one fireplace between 16th March and 14th October inclusive, and for two fireplaces between 15th October and 15th March inclusive, when it is the opinion of the officer commanding the battery that fires are absolutely necessary. Scale of fuel for hospitals of royal artillery followers.

122. The issue of firewood is sanctioned for hospitals of native troops at the following stations, the scale and restrictions prescribed for British troops at the same or neighbouring stations being held applicable :— Scale of fuel for hospitals of native troops.

- a. To the following stations of the Punjab frontier force :—
Abbottabad, Murdan, Kohat, Bunnoo, Dera Ghazi Khan, Rajunpore, Dera Ismail Khan.
- b. To the native regimental and station hospitals at all stations in the Peshawur district, and Rawal Pindi and Lahore divisions.
- c. To the native hospitals at Jullundur, Almorah, Petoraghur, Shillong, and Dibrughur.

123. At Abbottabad fuel is sanctioned only between such dates, not exceeding five months, as the officer commanding may deem necessary. Fuel for Abbottabad.

124. At Shillong during the rains, from April to September, an annual supply of two hundred and ten maunds of coal is sanctioned as fuel for the native regimental hospital, in addition to the winter allowance. Coal for Shillong.

125. Fuel required for boiling infected hospital bedding and clothing will be supplied as required on the requisition of the medical officer in charge. Fuel for boiling infected articles.

126. When the scale of firewood for hot baths for hospitals of native troops proves inadequate, demands in excess of scale may be sanctioned by the deputy surgeon-general, who is required to exercise the utmost discretion in passing requisitions for extra fuel. Fuel for baths.

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GOVERNMENT PRINTING.

Kerosine oil
lamps.

127. With the exception of out-offices, kerosine oil lamps will be substituted for common oil or other lamps in all buildings occupied by British troops, whenever it is considered desirable to do so.

Renewals of
component parts
of lamps.

128. The percentage of renewals of the component parts of kerosine oil lamps may be drawn as required at any time during the year, provided the sanctioned number for that period is not exceeded.

Oil, &c., for native
troops.

129. Oil and cotton-wicks for hospitals of native troops will be supplied monthly on medical officer's requisition, approved by the deputy surgeon-general.

Hospital
supplies for
Punjab frontier
force.

130. The following are the arrangements for the supply, and method of adjusting the cost, of articles noted in the margin, to be issued to hospitals of the Punjab frontier force:—

Bazar medicines.	
Hospital necessities.	
Oil.	
Fuel for chimneys.	

- a. At stations where there are commissariat officers or agents of the commissariat department, medical officers in charge will, on the first of each quarter or month, submit to the nearest executive commissariat officer, through the deputy surgeon-general, requisitions for all hospital supplies allowed by the regulations. The executive commissariat officer will, after check, comply with these indents, or direct his agent on the spot to do so in accordance with the practice of the department.
- b. At stations where there are no commissariat officers or agents of the commissariat department, the supplies can be arranged for by the medical officers themselves, and the expenses incurred recovered through the pay-list and general states of the regiments and batteries. The bills, drawn up by the medical officers and audited and en faced by the military secretary to the government of the Punjab, must be attached to such pay-lists, and will be eventually forwarded by the pay examiner to the examiner of commissariat accounts, for classification and compilation.

V.—Government Printing.

Description of
supplies.

131. The supplies from the government printing department are confined to blank forms and books.

When supplied.

132. These forms and books will be supplied on requisitions, M. H. F. 13, submitted through the deputy surgeon-general on the 1st April and 1st October for army and Bengal forms, and on 1st November for military hospitals and army hospital corps forms and books.

Emergent
requisitions.

133. Emergent requisitions, M. H. F. 14, will be submitted as circumstances may render necessary.

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VI.

VI.—Ordnance Department.

134. The authorised ordnance stores for station hospitals of Scale. British troops are given in appendix XIX, and these will be supplied from the arsenals at Fort William, Allahabad, Ferozepore, and Rawal Pindi, on medical officers' requisitions approved by the deputy surgeons-general.

135. Requisitions will be prepared in duplicate on I. O. F. 146, Requisitions. and submitted half-yearly on 1st January and 1st July.

136. Ordnance stores will be accounted for to the examiner, How accounted. ordnance accounts, on the 1st April of each year, on I. O. F. 246, of which one copy only is required.

137. Paint for kitchen receptacles will be supplied by the Paint for kitchen receptacles. public works department under conditions noted in the Bengal barrack regulations.

138. A pair of bullocks will be supplied by the commissariat Bullocks for hearses. department for the hearse, whenever it is required to be used, on application of the medical officer in charge.

139. Medical officers in returning ordnance stores to arsenals Vouchers for ordnance stores and magazines, will forward to the ordnance officer concerned delivery and receipt vouchers on I. O. F. 148.

[NOTE.— Sections and paragraphs to be quoted, and not pages.]

Section 12.

SECTION 12.—HILL DEPOTS.

Classification.

1. Hill depôts are divided into two classes :—

1st class.—Intended for 200 men and upwards.

2nd class.—Intended for less than 200 men.

Medical charge.

2. The medical charge of a hill depôt is tenable for one year, and a doing-duty appointment for one season. The former will be preferentially given to a surgeon-major, who will join early in spring, and the latter, as a rule, to surgeons, who will join on 1st April.

Subordinate charge.

3. The tenure of appointment of the subordinate charge of a hill depôt is limited to two years, and a doing-duty appointment for one season only. The former appointment dates from 1st November, and the latter from the date on which convalescents are sent.

Statement case of sick officers.

4. When an officer or subordinate is sent on duty to a hill depôt on account of impaired health, a brief statement of his case will be sent to the medical officer in charge.

Number of convalescents to be sent.

5. The number of men to be sent to hill depôts annually from the different divisions and districts will be determined by the quartermaster-general, in concert with the surgeon-general.

Selection.

6. These men will be selected, in the first instance, by medical officers in charge, and finally by the February invaliding medical boards, of which the deputy surgeon-general will be president.

Cases to be selected.

7. In making a selection of men to be sent to a hill depôt, care will be taken to include only such as are likely to derive benefit from the change. Boards are held responsible that soldiers and their families suffering from diseases for which a hill climate is unsuitable or injurious are not selected.

Restrictions.

8. No man will be sent to a hill depôt as an indulgence or convenience, with the exception of such as accompany parties of convalescents on duty; nor as a rule are men of bad character or of intemperate habits, nor those near their discharge, eligible.

Married men.

9. In selecting married men whom it is proposed to send to a hill depôt, the state of health of the women and children will be considered.

Roll of convalescents.

10. A roll of the convalescents who may be selected, prepared on M. H. F. 69, and made out separately for each corps and battery, will be delivered to the medical officer or subordinate proceeding in charge of the party, and will be handed over by him to the medical officer in charge of the depôt.

Preparation rolls.

11. These rolls will be made out by medical officers, the information required as to age, service, conduct and habits being officially obtained from the orderly-room. The return will be signed by the medical officer in charge of the station hospital, and countersigned by the adjutant and officer commanding the corps, and

Hill Depôts.

[Section 12.]

the medical officer will be held responsible that every column is filled up to date.

12. The medical history sheet, M. H. F. 74, of every man sent to a hill depôt, will be forwarded to the officer commanding the corps for transmission to the officer commanding the depôt, and by him handed over to the medical officer in charge of the depôt for custody. Medical history sheet.

13. The medical officer or subordinate proceeding in charge of convalescents to a hill depôt, will make all necessary arrangements under the orders of the senior medical officer of the station, for the supply of the hospital requirements, establishments, equipments, carriage, &c. Supplies for march.

14. Soldiers sent to hill depôts on account of their health are, when not actually in the hospital, to be considered as *out-patients*, and are subject to such restraint as the medical officer in charge may consider necessary. Out-patients.

15. The amount of malt liquor allowed to convalescents at hill depôts, will be determined by the medical officer in charge. Malt liquor.

16. Convalescents who have not regained their health may be retained at hill depôts throughout the winter months, and, if necessary, for a second season. The selection of such cases will be made by the annual invaliding board. Retention for a second year.

17. Whenever such a measure is practicable without undue exposure in transit, an interchange of men at depôts who have recovered their health and are fit for duty with their corps, with others on the plains whose state of health renders a change to the hills desirable, may be sanctioned, on the recommendation of the deputy surgeon-general, by the general officer in command, by whom the transfer will be carried out. Interchange.

18. The medical officer in charge will, as soon after the 31st March of each year as possible, submit a general report, as to the effects which the elevated climate of the place has had on the health and condition of the convalescents under his care, giving also the results of the influence of diminished atmospheric pressure generally on the European constitution, and more especially with regard to the organs of respiration and circulation. General report.

[NOTE:—Sections and paragraphs to be quoted, and not pages.]

Section 13.

SECTION 13.—BOARDS.

Medical officers
available for
medical boards
only.

1. Medical officers will be detailed as members of medical boards only: should a medical opinion be required by any other board, reference will be made to the medical officer detailed to attend it, who will furnish his report in writing, or give evidence in person if thought necessary.

Definition of
medical boards.

2. Medical boards include those of a professional or departmental nature: the former consisting of medical boards on officers or soldiers, sanitary boards concerning matters of hygiene on which a medical opinion is alone required, and boards for the examination of medical subordinates; and the latter of boards on medical and surgical equipment. These boards will be composed exclusively of medical officers, and will consist of a president and two members under all circumstances, except in the case of the examination of hospital apprentices and to condemn articles of surgical equipment, when a president and member will suffice if there is a paucity of medical officers. (See paragraph 21.)

Composition of
boards.

Boards of
survey.

3. Boards of survey on hospital equipment, diets, wines, &c., will be composed of medical officers; but when the number of medical officers present at a station will not admit of this being done, the board will be composed solely of military officers, and a medical officer directed to attend it.

Boards for
wound pension
or gratuity.

4. Medical boards, in reporting upon the claims of officers, warrant officers, non-commissioned officers and soldiers to pension or gratuity for wounds or injuries, will state the exact nature and extent of the injury sustained: the degree of recovery, whether partial or entire, that may have taken place; the probable effects of the injury, and the probable permanency or otherwise of such effects. The phraseology of the regulations which regulate the grant of gratuity or pension under such circumstances will be adhered to.

Boards for sick
leave on field
service.

5. Medical boards on officers' furlough or leave on account of disability which originated in field service, and is solely caused by unusual exposure and hardship in the field, or by wounds received in action, will—in cases where they consider the claim has been established—add to the proceedings a special certificate in the following terms:—

"We are of opinion that the illness from which _____ is suffering originated on field service with the _____ with which he was employed from the _____ to the _____; and has been solely caused by the unusual exposure and hardship undergone by him on the said service (or by wounds received in action), and we accordingly recommend that he may be permitted to reckon as service for pension the leave or furlough which may now be granted to him up to eighteen months."

Boards.

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Should the board consider the officer's claim has not been established, they will record their opinion to that effect in their proceedings.

6. At the head-quarters of divisions and districts, a standing medical board, of which the deputy surgeon-general, or in his absence the senior medical officer of the station, is president, will be formed and assemble, as occasion may require, under the orders of the president. If it can be avoided, the medical attendant on a case should not be a member of the board which considers it, and under no circumstances can he sit as president. He should, however, be required to attend the board to furnish any information whenever his presence is considered necessary.

Standing medical board.

7. The ordering of other and special medical boards rests with general officers commanding divisions and districts, on the recommendation of the deputy surgeon-general.

Special boards.

8. In the case of officers of the Indian service, where the change of climate contemplated necessitates furlough, medical boards will be presided over by an administrative medical officer.

Boards on Indian officers applying for furlough.

9. Whenever a medical officer considers a commissioned or warrant officer under his charge to be in such a state of health as to render a change of climate necessary, he will, with the cognizance of the commanding officer, or local head of the department, report the fact to the deputy surgeon-general, who will take the necessary steps to convene the standing or special medical board at such time and place as the circumstances of the case may warrant.

Convening of boards.

10. Whenever an officer at an out-station is in such a state of health as to necessitate an immediate change, and time will not admit of reference to the divisional or district authorities, the officer commanding the station is empowered, on the recommendation of the senior medical officer of the station, to convene a special medical board, with a view to enable the sick officer to proceed on leave. A report of the circumstances, together with the copy of the proceedings, will, however, be forwarded by the senior medical officer, through the deputy surgeon-general, to the surgeon-general.

Special boards at out-stations.

11. When it is not practicable to assemble a board at an out-station, provisional leave of absence may be granted in an emergency to a sick officer on the certificate of an executive medical officer; but on arrival of the sick officer at a station where a medical board can be formed, he will at once report the circumstances to the station staff officer, with a view to appearing before a board without delay. In such cases the decision of the medical board will, after receiving the approval of the deputy surgeon-general, be disposed of as follows: one copy to the surgeon-general, the remaining two copies to the general officer commanding the division or district.

Procedure to be observed when boards cannot be convened.

12. The proceedings of medical boards will be prepared in triplicate on M. H. F. 50, and will, with the exceptions heretofore

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Section 13.]

Boards.

mentioned, be forwarded by the president to the deputy surgeon-general for approval, countersignature, and disposal, as follows :—

Two copies to the sick officer [one for attachment to his application for leave, the second for his own use].

One copy to the surgeon-general, Her Majesty's forces.

13. In the case of commissioned and warrant officers in civil employment, the third copy will be forwarded to the surgeon-general of the province to which the officer belongs, or should the officer be serving directly under the orders of the government of India, it will be forwarded to the surgeon-general with the government of India.

Duties of boards.

14. The board after a careful examination of the officer, and consideration of the medical attendant's statement of the case, will record their opinion and recommendations in the proceedings :—

- a. As to whether the disability has been, or has not been, or how far it has been, the result of climate, and caused in and by the service.
- b. As to change of climate in or out of India.
- c. As to period of absence in or out of India, care being taken that leave in excess of the period to which the sick officer is entitled by regulations is not recommended. The period of leave recommended will be stated in years and days, and not months.
- d. In case of leave to Europe being recommended, as to the particular route by which, in their opinion, the sick officer should travel, due regard being given to the seasons of the year, the interests of the service, and the health of an officer; also whether the officer is fit, or otherwise, to do duty with troops during the homeward journey and voyage.
- e. In recommending leave to Kashmir, some alternative place to which the officer should proceed, if he fail to obtain a pass to visit Kashmir, should be named.
- f. In the case of an officer requiring furlough or leave of absence owing to illness caused by intemperance, the board whilst recording their opinion will confine their recommendation either to the appearance of the officer periodically before fresh boards, or to the treatment of the case as one of discipline, as may be deemed necessary.

Responsibility
for documents.

Previous medical
history to be
obtained.

15. Boards are responsible that the documents received from the medical attendant are accurate and complete in all their details.

16. A medical officer who may be called upon to grant a certificate to an officer when absent from his corps or appointment will, *except in cases of emergency*, require the officer to obtain a statement of his previous medical history from the medical officer in charge of his corps. When, under similar circumstances, an extension of sick leave is required, the medical officer in attendance will request the sick officer to procure a copy of the medical statement on which the original leave was granted.

Boards.

[Section 13.]

17. All officers requiring sick leave to Europe, and who are entitled to travel at the public expense, will be invalided during the trooping season, unless in cases of such urgent necessity that the chief military and medical authorities of the division or district can approve of a deviation from the rule. Invalidating during trooping season.

18. When a medical board recommend a schoolmaster or schoolmistress to be sent to a hill depôt for change of climate, they will append to their proceedings a certificate on a separate half-sheet, stating whether the persons recommended for change will in all probability be physically and mentally fit for the performance of their particular duties during their stay in the hills; a copy of this certificate will be sent to the officer commanding the corps for the information of the superintendent of army schools, Kasauli. Schoolmaster or schoolmistress.

19. In the case of an armourer sergeant, a similar certificate will be attached to the proceedings, and a copy thereof sent to the commanding officer for the information of the officer commanding the depôt. Armourer sergeant.

20. Medical boards are prohibited from recommending a change of station to a public servant because the one in which he is serving is not suited to his constitution. Change of station prohibited.

21. Native officers and soldiers, including native medical subordinates, whom it may be desirable to send away on sick leave, will be brought before boards composed of three medical officers, whose proceedings will be recorded on M. H. F, 79. At out-stations, at which the services of only two medical officers (including the civil surgeon) are available, they alone will form the board on such occasions. In extreme cases, however, when no second medical officer is present, men may be allowed sick leave on the recommendation of the medical officer in charge of the corps, the same form being used as for a board. Sick leave to native soldiers.

[NOTE.—Sections and paragraphs to be quoted, and not pages.]

Section 14.

SECTION 14.—RECRUITING.

I.

- | | |
|--------------------------|---------------------------|
| I.—Inspection. | III.—Special Examination. |
| II.—General Examination. | IV.—General Instructions. |
| V.—Re-engagement. | |

I.—Inspection.

Examination by
medical officers.

1. The examination of recruits for the British and native armies, and of the army hospital native corps, and of farriers, salootries, artificers, and other attested followers, will be conducted by medical officers in military employ. Civil surgeons will only perform this duty when a military-medical officer is not available.

Physical
capacity of
recruits.

2. In the inspection of recruits, medical officers will be guided by their judgment and experience in rejecting men who do not possess the physical capacity requisite for the endurance of the toil, hardships, and exposure incidental to military life. Appearance of strength, activity, boldness and smartness, will be the principal guide in the selection of recruits.

Points to be
attended to.

3. The principal points to be attended to are—

- a.* That the recruit is sufficiently intelligent.
- b.* That his vision is sufficiently good to enable him to see clearly with either eye at the required distance.
- c.* That his hearing is good.
- d.* That his speech is without impediment.
- e.* That he has no glandular swellings or marks of scrofula.
- f.* That his chest is capacious and well formed, and that the soundness of his heart and lungs has been ascertained by means of the stethoscope.
- g.* That he is not ruptured.
- h.* That the limbs are well formed and fully developed.
- i.* That there is free and perfect motion of all the joints.
- j.* That the feet and toes are well formed.

Mental capacity.

4. Care will be taken to ascertain the mental capacity of recruits.

Grounds of
rejection.

5. Men presenting any of the following conditions will be rejected: scrofula; phthisis; undoubted primary or secondary syphilis; impaired constitution; defective intelligence; defects of vision, voice, or hearing; hernia; hæmorrhoids; varicose veins or marked varicocele with testicle unusually pendant; inveterate cutaneous disease; chronic ulcers; traces of corporal punishment, or evidence of having been marked with the letters D or B C; contracted or deformed chest; abnormal curvature of spine; or any other disease or physical defect calculated to unfit them for the duties of a soldier.

Recruiting.

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II & III.

II.—General Examination.

6. The recruit being wholly undressed, the following directions will be given *seriatim* :—

Directions for
general
examination.

- a. Walk up and down the room smartly two or three times.
- b. Hop across the room on the right foot.
- c. Back again on the right foot.
- d. Hop across the room on the left foot.
- e. Back again on the left foot.

(The hops should be short and upon the toes.)

- f. The recruit is then to be halted, standing upright, with his arms extended above his head, while the medical officer walks slowly round him, carefully inspecting the whole surface of his body.

7. The objects to be observed are the existence of any obvious defects in physical constitution ; the formation and development of the limbs ; the power of motion in joints, especially in the feet and hips ; flatness of the feet ; formation of the toes ; skin disease ; varicose veins ; cicatrices or ulcers ; marks of the letter D or letters B C, or of medical treatment ; and any special marks from congenital or accidental causes. If any obviously disabling defects are noticed in the general examination, it is of course not necessary to proceed with the examination further. If no such defects are found, the second part of the examination will be proceeded with.

Observations.

8. When not required to approach the recruit for special objects, the medical officer will take his place at a distance of about six feet from him. The recruit should be placed so that the light may fall upon him.

Distance of
recruit from
medical officer.

III.—Special Examination.

9. The trunk will be examined from below upwards. The recruit stands with his arms extended above his head, the backs of the hands being in contact. The following will be the order of inspection :—

Examination of
the trunk.

- a. The medical officer notes indications of venereal disease.
- b. He examines the scrotum to ascertain if the testicles have descended and are normal, or if there be varicocele.
- c. He inserts the point of his finger in the external abdominal ring of each side, and desires the recruit to cough two or three times, to ascertain if he be ruptured or liable to that condition.
- d. He examines the abdominal walls and parietes of the chest.
- e. He desires the recruit to take in a full breath several times, while he watches the action of the chest. Careful stethoscopic examination is made.
- f. He examines the action of the heart, and notes its sounds.

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Recruiting.

III.

SPECIAL EXAMINATION—*continued.*

10. This comprehends the inspection for venereal disease, disease of the testes, varicocele, hernia, visceral disease of the abdomen and chest, and capacity of chest.

Examination of
the lower
extremities.

11. The inspection of the lower extremities and back will be made from below upwards. The recruit first faces the medical officer, afterwards turns his back to him. The following are the directions given :—

- a. Stand on one foot, put the other forward.
- b. Bend the ankle-joint and toes of each foot alternately, backwards and forwards.
- c. Turn round. Kneel down on one knee.
- d. Up again.
- e. Down on the other knee.
- f. Down on both knees, and up from that position with a simultaneous spring of both legs.
- g. Separate the legs.
- h. Touch the ground with the hands.

12. While the recruit performs these movements, the medical officer will observe the action of the knee-joints, the condition of the perinæum, and of the spinal column.

13. This includes the inspection for defects of the toe, ankle, and knee-joints; for hæmorrhoids, prolapsus ani, fistula in perinæo, and spinal deformity.

Examination of
the upper
extremities.

14. The examination of the upper extremities will be made from below upwards. Time is saved by the medical officer himself acting as well as telling the recruit the movements he desires to be made. The following are the directions :—

- a. Stretch out your arms with the palms of your hands upwards.
- b. Bend the fingers backwards and forwards.
- c. Bend your thumbs across the palms of your hands.
- d. Bend the fingers over your thumbs.
- e. Bend your wrists backwards and forwards.
- f. Bend the elbows.
- g. Turn the backs of the hands upwards.
- h. Swing your arms round at the shoulders.

15. The medical officer will approach the recruit and examine for marks of vaccination.

16. This comprehends the inspection for loss or defects of the fingers, thumbs, wrists, elbow and shoulder-joints; power of rotating the forearm, and vaccination. If not vaccinated, the circumstance should be stated on the attestation paper.

Examination of
the head and
neck.

17. The examination of the head and neck will be made from above downwards. The medical officer will note the intelligence, character of voice, and power of hearing of the recruit by his

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replies to the questions put to him. The following are the directions :—

- a.* Have you had any blows or cuts on the head? Are you subject to fits of giddiness? The medical officer at the same time examines the scalp.
- b.* The medical officer examines the ears.
- c.* Do you see well? The medical officer examines the eyes and eyelids.
- d.* He examines the nostrils.
- e.* He examines the mouth, palate and fauces, and then tells the recruit to say loudly, "Who comes there?"
- f.* He examines the neck.
- g.* The recruit is desired to dress himself.
- h.* The special tests for power and range of vision are applied to each eye, as directed on the test dot of cards.

18. This comprehends the inspection for injuries of the head; deafness; disease of the ears; defect of voice; polypus of nose; state of teeth; scrofulous ulceration; glandular enlargements; and defects of vision.

IV.—General Instructions.

19. If the medical officer detect a recruit simulating disabilities, he will attach a slip of paper to the man's attestation, containing a statement of the fact. Simulation of disability.

20. The signature of a medical officer to an attestation will be considered tantamount to a declaration that he personally examined the recruit in question according to these instructions, and that the man has no blemish or defect, except those noted on the attestation; remarks relative to any defects in the recruit will be in the examining officer's own handwriting. Medical officer's signature.

21. The medical officer is responsible for the measurement of recruits, as regards standard of height, chest, and weight, as well as for their apparent age being in accordance with the schedules given in general orders from time to time. Measurement of recruits.

22. The following are the instructions relative to chest measurement:—

- a.* The measuring-tape will be passed round the chest so that its posterior upper edge will lie immediately below and touch the shoulder-blades; while in front its anterior lower edge touches the upper part of the nipple, the arms meanwhile hanging loosely; the tape should not be drawn so tight as to compress the surface.
- b.* The tape having been thus applied, the recruit will be made to count slowly from 1 to 10, and, as he finishes counting, the measurement then shown by the tape is to be considered the correct chest measurement.

Section 14.]

Recruiting.

IV.

GENERAL INSTRUCTIONS—*continued.*Decision of
apparent age.

23. Should a recruit, on presenting himself for enlistment, bring no satisfactory proof of his age, the medical officer who examines him will, by comparing the height with the weight and general development, decide his apparent age, which will be entered on the second page of the attestation, and be accepted in all future official documents relating to him.

Table to ascer-
tain apparent
age.

24. The table printed in appendix XXII, showing the average height, weight, and chest measurement of individuals from the age of 12 to 21 years, will guide the medical officer in forming his decision.

Particulars
noted on the
attestation
document.

25. The medical officer will enter on the attestation the following particulars in his own handwriting: apparent age, height, chest measurement, complexion, colour of hair and eyes, and any distinctive marks by which identification of the recruit may be ensured, writing "none" when there are none. He will exercise due care in stating all these points to the best of his judgment; but he will not be held responsible for any ultimate rejection of a recruit involving a decision contrary to the opinions he may have expressed.

Whether recruit
has previously
served.

26. He will also note on the attestation, in the column for distinctive marks, his opinion whether, judging from the medical inspection or from the general appearance of the recruit, the man has previously served.

Recruit register.

27. Recruit registers, M. H. B. 7, will be kept in station and regimental hospitals. These registers will not be removed from the hospital where the recruits are medically inspected.

Directions for
filling up recruit
register.

28. In filling up the column headed "Trade or Occupation," the journeyman will be distinguished from the master in all cases. The term "Agricultural Labourer" will apply to all labourers in agriculture (except shepherds) not living in the farm-house; while those living in the house of the farmer will be more correctly designated as "Farm Servants." In the case of men working in manufactures and mines, and of such as are employed in construction generally, the particular branch of work and the material will be distinctly specified. The term "Farmer" will be applied only to those who have occupied land. The sons of farmers will be returned "Farmers' Sons" when not agricultural labourers.

Remarks in
recruit register.

29. The medical officer will state in his own handwriting, in the column of the recruit register provided for the purpose, the recruit's fitness or unfitness; and will enter any remarks relating to vaccination and to cause of rejection, as well as any distinctive marks: he will then append his signature to the column. When there are no distinctive marks, it must be so stated.

Preparation of
medical history
sheets.

30. The medical history sheets, M. H. F. 74, of recruits will be filled in and signed by the approving medical officer who signs the final certificate on the attestation.

Recruiting.

[Section 14.]

RE-ENGAGEMENT.

IV & V.

31. The medical history sheets so prepared will be forwarded, with the attestation, to the officer commanding the corps the man is to join; and, when the regimental number has been inserted, will be handed over to the medical officer in charge of the station or regimental hospital. Disposal of sheets.

32. In the examination of a deserter, medical officers will bear in mind that the deserter is already in the service, and consequently should not be pronounced unfit for military duty unless he suffers under a serious disability, such as would render it necessary to discharge a soldier from the army.

33. No boy is to be received into the British service for the purpose of being trained as a trumpeter, drummer, or bugler who does not, from his make and stature, give fair promise of growth, and of becoming, when he has attained the proper age, an effective soldier. Enlistment of boys.

34. Medical officers in charge of native corps will forward, through the deputy surgeon-general, to the surgeon-general, a monthly return, M. H. F. 39, of recruits examined. Monthly return.

V.—Re-engagement.

35. Soldiers wishing to re-engage while serving will not be rejected on account of minor defects or trivial ailments which do not interfere with the efficient performance of their duties. The medical certificate in the re-engagement schedule will be considered final as far as their physical fitness is concerned. Causes for rejection.

36. When a soldier is considered physically unfit for re-engagement, the medical officer will state, in the certificate on the re-engagement schedule, the nature of the disability. Nature of disability to be stated.

37. In doubtful cases, however, the soldier may be allowed to appear before a medical board, with a view to its deciding as to his fitness to re-engage. Doubtful cases.

38. Soldiers who are prevented by disability from re-engaging after two-thirds of their service will not be brought before a medical board, unless from their state of health they would have been invalided in the usual manner. Disposal of soldiers unfit to re-engage.

39. Soldiers who present themselves for re-engagement and are not considered fit should therefore continue to serve until they recover their health or are invalided as unfit for further service, or until their limited engagement is about to expire. To continue to serve till invalided.

[NOTE.—Section and paragraphs to be quoted, and not pages.]

Section 15.

SECTION 15.—INVALIDING.

I.

I.—British Troops.
II.—Native Troops.

III.—Police.
IV.—Insanes.

I.—British Troops.

Dates of
assembly.

1. Boards for invaliding British soldiers will assemble twice annually; the first about the end of October, and the second as late in February as possible. The deputy surgeon-general will sit as president.

Selection of
cases.

2. No soldier, whose disease is of such a nature as to afford a reasonable hope of his recovery during the cold season, or whose disability is likely to be aggravated by a transfer to England during the winter months, will be invalided by the board which assembles in October.

Suitable cases
for invaliding.

3. Medical officers will not bring forward soldiers for invaliding, until they are fully satisfied that further hospital treatment, or further local change, is not likely to effect a cure.

Restrictions.

4. No soldier will be invalided as old, worn out, or for the loss of one eye, the other being sound; or, in the case of an infantry soldier, for a single hernia, unless it be of a large size and with difficulty kept reduced.

Record of cases.

5. The case of each proposed invalid will be detailed in the medical case book, M. H. B. 2.

Invalids suffer-
ing from mental
ailments.

6. When mental ailment in any considerable degree is present in any case, it will take the precedence in the nomenclature of diseases for which the soldier is invalided. When it is only a minor incident of the invalid's condition, it will nevertheless be prominently noticed in the case,—such notice being inserted in red ink both in the body of the return of invalids and on the docket of the detailed medical history.

Duties of board.

7. Boards will carefully examine every invalid in connection with his previous medical history before deciding whether he is a fit subject for change to England, for discharge from the service, or for remand for further hospital treatment; they will not recommend passage by the Cape route.

Soldiers enlisted
in India.

8. They will refrain from recommending soldiers who have enlisted in India and are not desirous of leaving the country to be sent as invalids to England or the Colonies; but soldiers enlisted in a particular colony, and who desire to return to the same, may be recommended by the board accordingly.

Testimony of
invalids and in-
formation from
other sources.

9. In all statements made by a medical officer in medical histories and reports, he will carefully distinguish between the testimony of the invalid, or of others, and the results of his own observation, or of a reference to authentic documents.

Invaliding.

[Section 15.]

BRITISH TROOPS—*continued*.

I.

10. When it is considered necessary to invalid the wife or child of a soldier to England, a detailed statement of the case will be prepared by the medical officer in charge; and if the deputy surgeon-general is satisfied of the necessity, the case will be considered by the usual invaliding board, and the result intimated to the officer commanding the corps.

Invaliding of
women and
children.

11. Corps moving in relief before the assembly of the invaliding boards, will take with them all invalids capable of travelling if proceeding to stations on the line of railway nearer to the port of embarkation; but if otherwise, or moving to more distant stations, they will leave them behind.

Disposal of
invalids of
corps moving.

12. The invaliding documents of soldiers left behind by their corps moving in relief will be completed, as far as possible, prior to the departure of their corps, and handed over to the medical officer temporarily in charge of such soldiers.

Documents of
invalids left
behind.

13. When invalided officers or soldiers, not in charge of an officer of the army medical department, are embarked on board any vessel, an army medical officer will be detailed to accompany them on board, and to explain the nature of their cases to the commander and surgeon of the vessel. This will be specially observed in the cases of officers or soldiers labouring under mental derangement.

Medical officer
to accompany
invalids on
board.

14. The return of invalids, M. H. F. 64, will be prepared in *duplicate*, and, after being signed by the officer commanding the corps, will be submitted to the invaliding board. A separate return will be necessary for each corps. When the column for "Discharge or change of climate" has been filled in by the medical board, the return will be certified and signed by the deputy surgeon-general, who will thereafter forward it for the signature of the officer commanding the station. One copy will be given to the medical officer proceeding in charge of the invalids to Deolali, who will enter in this return any changes that may have occurred during the journey. This copy will be delivered to the medical officer in charge of the dépôt at Deolali, and by him retained as a record so long as it may be considered necessary. The duplicate copy will be transferred by the president of the invaliding board to the regimental or dépôt military authorities, for their information, and for despatch to the commandant of the Deolali dépôt. This copy will be retained by the commandant of the dépôt until the close of the trooping season, and afterwards transferred to the surgeon-general, Bombay, for record in his office. In the case of insanes, a separate return will be required for each.

Return of
invalids.

* * * * *

16. A continuous nominal roll, in *duplicate*, of every invalid embarked in each troop-ship will be made out on this form at the Deolali dépôt, one set for men of the royal artillery and one set for all other troops, and handed to the medical officer in charge who

Continuous roll.

Section 15.]

Invaliding.

I.

BRITISH TROOPS—*continued*.

accompanies the invalids to Netley; any casualty *en route* being recorded in the columns set apart for that purpose. One of these rolls will be returned to India to show the final disposal of every invalid embarked.

Detailed medical history.

17. The detailed medical history, M. H. F. 65, will be prepared in *duplicate* for every man invalided, and will be submitted to the invaliding board. The summary of causes of invaliding, or remarks on remand to regiment, station, or dépôt, will be made on the fourth page. The board will ascertain that the information under each heading is complete, and, after filling up the remarks, will sign the return. The proceedings will thereafter be approved and signed by the deputy surgeon-general. One copy, together with the medical history sheet, M. H. F. 74, will be handed to the medical officer proceeding in charge of the invalids to Deolali, for transfer to the medical officer of the dépôt. This will be afterwards entrusted to the officer proceeding to England in medical charge of the troop-ship, and will be finally handed over by him to the principal medical officer at Netley, along with the nominal rolls alluded to in the preceding paragraph. The *duplicate* copy will be transferred to the officer commanding the corps for attachment to the proceedings of the regimental board, A. F. B133.

Invalids remaining in India or proceeding to the Colonies.

18. In the case of an invalid who elects to proceed to the Colonies or to remain in India, one copy only of his detailed medical history will be required. This copy will be handed over, with the man's medical history sheet, to the officer commanding the corps for transmission, along with the other discharge documents, to the adjutant-general.

Preparation of detailed medical history.

19. The information required in the detailed medical history being essential to secure the proper treatment and disposal of the invalid, as well as to adjust correctly his claim on the bounty of the public, medical officers will be careful to enter all such particulars as may aid in the attainment of the ends desired.

Epilepsy cases.

20. When a soldier is brought forward to be invalided for epilepsy, a certificate from a medical officer, stating that he has actually seen the man in a true epileptic fit, will be attached to each copy of the detailed medical history, M. H. F. 65.

Record of death of invalids.

21. In the case of a soldier who may die on the way to, or at, the station where the invaliding board meets, the detailed medical history and medical history sheet will be completed up to date, and forwarded, with the casualty report and the weekly return in which the death has been recorded, to the surgeon-general.

Changes *en route* to be noted.

22. The medical officer proceeding in charge of the troop-ship will enter in the medical history sheet and detailed medical history, all particulars regarding the health and treatment of every invalid during the homeward voyage.

Invaliding.

[Section 15.]

NATIVE TROOPS.

I & II.

23. The invaliding documents of each charge will be tied up in three separate packets:—

Disposal of
invaliding
documents.

- a. In the first packet will be placed the original copy of the return of invalids, the original copy of each detailed medical history and the medical history sheet of each invalid. This packet will be entrusted to the care of the medical officer proceeding in charge of the invalids to Deolali, who will hand it over to the medical officer in charge of the Deolali dépôt. The latter will retain for record at Deolali, as long as may be necessary, the return of invalids, but will, under the responsibility of the surgeon-general, Bombay, see that the medical history sheet and detailed medical history of each invalid are—along with the nominal rolls for each troop-ship—duly handed over to the medical officer proceeding in charge of the troop-ship to England, for ultimate delivery to the Netley authorities.
- b. In the second packet will be placed only the duplicate copy of each detailed medical history. This packet will be transferred to the officer commanding the corps, to be attached to the proceedings of the regimental board.
- c. In the third packet will be placed only the duplicate copy of the return of invalids. This packet will be transferred to the officer commanding the corps, for the information of the military authorities of the station, and for transmission to the commandant at Deolali.

24. As soon as invaliding medical boards in October and February respectively have completed their sittings, the deputy surgeon-general will prepare, in duplicate, a numerical return of the invalids, which he will forward to the general officer commanding the division or district for transmission, one copy to the quartermaster-general in India, and the other to the general officer commanding Allahabad division.

Numerical
return.

II.—Native Troops.

25. Boards for invaliding native soldiers and enlisted non-combatants will assemble at all stations where the head-quarters of corps are located. The deputy surgeon-general will sit as president.

Assembly of
boards.

26. The medical officer in charge of the invalid should not be a member of the board which examines him. When much inconvenience or expense is, however, caused by sending medical officers to distant out-stations, the above rule will not be enforced. The reason for the departure from the rule will be explained by the deputy surgeon-general.

Composition
boards.

Section 15.]

Invaliding.

II.

NATIVE TROOPS—*continued*.

Dates of invaliding.

27. The invaliding of native troops will be concluded by the 1st April of each year, except in the case of all Goorkha and the three Assam regiments, which will be conducted on the 15th October.

Rolls.

28. Invaliding rolls, which will be supplied by the officer commanding, will be prepared on B. F. 487, to which will be attached the medical history sheet, M. H. F. 74, of every proposed invalid. The names of the individuals will be printed by hand.

Information to be obtained from adjutants.

29. The following information will be furnished by adjutants to medical officers to enable them to complete the medical history sheet of an invalid—the particulars in each case will be noted on a separate piece of paper:—

- a. Date and place of enlistment, birth-place, age, last birthday, former trade or occupation.
- b. General remarks on habits and conduct in the service, temperance, &c.
- c. Rank and dates of promotion, also dates of transfer to other regiments, dates of punishment, and whether corporal or by imprisonment.

Short service men.

30. Soldiers and enlisted non-combatants of short service, recommended for discharge on account of physical unfitness, will be brought before the annual invaliding boards, their names being entered in rolls, B. F. 487, distinct from those of men recommended for transfer to the pension establishment.

Men recommended for wound or injury pensions.

31. Separate rolls will be prepared for men of short service recommended for wound or injury pensions; the nature and causes of wounds, injuries, or disorders which render them unfit for further military duty being fully stated in the appropriate columns.

Duties of boards.

32. Boards will ascertain by strict and careful examination whether, or not, the men presented to them are actually unfit to render further effective service to the state, and such men will be deemed unfit for further service under the following circumstances:—

- a. Short service men who have become physically unfit for the active duties of a soldier, from disease contracted wholly or chiefly on field service (which will be distinctly stated by the board), or from protracted disease showing itself in the course of their service, to whom treatment in hospital and repeated visits to their homes on sick-leave have afforded no benefit; the testimony of their medical history sheets, and the experience of the commanding officer of the regiment, being consulted by the invaliding board.
- b. Men of the full period of fifteen years' service, who— from disease contracted during the course of their military service of such a nature and duration as to offer very little hope of recovery from it, after all

Invaliding.

[Section 15.]

NATIVE TROOPS—*continued.*

II.

the usual remedial measures have been fairly tried—have become inefficient soldiers, and incapable of military duty and endurance, to which testimony is borne by the medical history sheets, and the knowledge and experience of the commanding officer.

- c. Men of over fifteen years' service who, although not much in hospital, and not suffering from disabling disease, yet—from old age and length of service—have become debilitated and physically incapacitated for active service; whose senses and mental perceptions and general intelligence have become so dull and impaired as to render them unable to perform their military duties; men whose presence in the corps is more or less an incumbrance so long as they occupy the place of able-bodied men.

33. When men who have served the full period entitling them to pension are not recommended for discharge on medical grounds, the precise cause of the men's unfitness will be recorded in the proceedings. Men who are not medically unfit.

34. In the cases of men who may be considered unfit for any further duty, the board will specially record its opinion to this effect, and state succinctly in each case the cause of such unfitness. It is also the duty of boards to recommend the grant of pension, in addition to the regulated rates of invalid stipend, in the cases of men entitled from length of service to the benefits of the pension establishment, whom they may consider to have a claim to special consideration on account of diseases contracted on actual service or in the performance of any public duty. Men who are medically unfit.

35. Boards will draw a pen through the names of such men as may be deemed fit for further service, and will record briefly in the proceedings the grounds on which they may object to invalid men who are directed to appear before them for this purpose by the regimental authorities. When boards are satisfied that any of the men are malingerers, they are required to record distinctly to this effect. Men found fit for further service and malingerers.

36. Boards, in reporting upon the claims of native officers, non-commissioned officers, and soldiers, to pension or gratuity for wounds or injuries, will not offer any opinion as to the amount that may be assignable. Their duty is to record full information as to the nature and extent of the injury sustained; the degree of recovery, whether entire or partial, that may have taken place; the probable effects of the injury; the probable permanency, or otherwise, of such effects; and, generally, such explanation as will enable the commander-in-chief to recommend, and the government to assign, a suitable amount of compensation; and in their decisions as to the nature and extent of injuries, the phraseology of the regulations will be strictly adhered to as far as may be possible. Wound pensions.

Section 15.]

Invaliding.

II, III, & IV.

POLICE—INSANES.

Men addicted
to drugs.

37. In all doubtful cases of men who have brought disorders on themselves by indulgence of drugs, or from other causes, boards will call for the testimony of all persons who may be able to afford any evidence connected with such individuals.

Cases of leprosy.

38. Ordinary cases of leprosy will be presented before the invaliding board, without reference to their periods of service; when, however, the medical officer in charge is of opinion that a case of leprosy is likely to be contagious, the man so affected will be brought before a special board, and the proceedings forwarded to the officer commanding the corps.

III.—Police.

Police.

39. Annual invaliding medical boards are available for the examination of men of the Punjab police force, and deputy surgeons-general concerned will intimate to the inspector-general of police, the dates on which they purpose visiting the several stations in their divisions or districts, in view of police invalids being examined by military-medical boards.

IV.—Insanes.

British Troops.

Statement of
case of an insane
officer.

40. When it is considered necessary that an insane officer should be received into a lunatic asylum, the statement of his case on M. H. F. 50 and 66 will be forwarded to the surgeon-general, in order that he may direct the assembly of a special medical board to decide whether the insane officer should be sent to Bhowanipore or Colaba asylum,—the former being preferable when early recovery is anticipated; the latter when transferred to England at the proper season may be reasonably expected.

Advisability of
soldier servant
to be stated in
proceedings.

41. The case of an insane officer recommended to be sent to Europe, or to an asylum in India, will be specially considered by the medical officer drawing up the medical history and by the medical board, with a view to distinct recommendations being inserted by both as to the necessity for a soldier servant, or other escort, or any special accommodation being provided for him *en route*.

Disposal of
documents.

42. To each copy of the proceedings, M. H. F. 50, will be attached a statement of case, M. H. F. 66. One set of these documents will be submitted to the surgeon-general, who, on approval of the proceedings of the medical board, will furnish the requisite admission order to the Bhowanipore or Colaba asylum, as may seem advisable. The other two copies, together with the admission order, M. H. F. 67, will be made over to the general officer commanding for disposal as follows: one set for the adjutant-general, and the other (with the report of the insane officer's departure report and admission order) to the deputy assistant adjutant

Invaliding.

[Section 15.]

INSANES—*continued.*

IV.

general at Bombay or Calcutta, for ultimate despatch with the officer to his final destination.

43. The invaliding of insane soldiers will be carried out by special medical boards, assembled with the approval of the surgeon-general, at as early a date before the commencement of the cold season as possible, to enable provision to be made for their passages by the quartermaster-general. Invaliding of insane soldiers.

44. Applications for special medical boards on insane soldiers will be accompanied by a copy of the detailed medical history, M. H. F. 65, a statement of case, M. H. F. 66, and the medical certificate noted in paragraph 46. These documents will convey such information as to enable the surgeon-general to decide as to the probable insanity of the soldier in question, and the reasons for considering him of unsound mind. Applications for transfer to an asylum.

45. Insanes will not be proposed for removal until they shall have undergone appropriate treatment for at least one month. Appropriate cases.

46. A certificate from a second medical officer, whenever practicable, *not being the one who drew up the statement on M. H. F. 66*, will be furnished to the board and attached to the proceedings, testifying to the insanity of the person referred to. This certificate should be formal as well as complete; the points to be attended to in drawing it up are these: The certifying medical officer must first state his qualifications. Medical certificate.

I (*so and so, Member of the Royal College of Surgeons of England or other*), now in actual practice, on the _____ of _____ 18____, at (*such and such a place*) examined (*so and so, giving the full names known to the certifier, residence and occupation of the person*), and I am of opinion that (*repeat the insane person's name*) is insane (*or a person of unsound mind*).

The certifying medical officer should then (1) state facts, indicating insanity observed by himself; (2) any facts communicated to him by other persons, which corroborate his view. The names and addresses of such informants should always be given in the certificate.

47. The examination of the presumably insane person should be made on another day to that on which the statement on M. H. F. 66 is written; and both statement and certificate (properly signed and dated) should be drawn up, whenever practicable, not more than a day or two before being despatched. Examination of insane.

48. Boards will decide as to the possibility, or otherwise, of retaining the insane with his regiment until he can proceed to Bombay during the trooping season, or for transfer to a lunatic asylum, and it will be stated in the proceedings, that the man is, in the opinion of the board, of unsound mind and a fit subject, or not, for a lunatic asylum. The proceedings of the board, together with the statement of case, will be forwarded for the orders of the surgeon-general. Possible retention with corps.

Section 15.]

Invaliding.

IV.

INSANES—*continued*.

Insanes where
to be sent.

49. Insanes requiring further treatment, and whose insanity is of a recent or acute kind, will be sent to Bhowanipore; but when chronic, or when they are invalided, or are likely to be invalided, in the near approach of, or during, the trooping season, they will be sent to Colaba. The necessity for their removal, as well as their subsequent destination, will be determined by the surgeon-general.

Admission
order.

50. The admission order will accompany the insane along with the documents referred to in paragraphs 52 and 62.

Removal of
insanes.

51. On obtaining the surgeon-general's sanction to the transfer of the insane to an asylum, the deputy surgeon-general will apply to the general officer commanding for the removal of the insane under proper escort.

Statement of
case of insane
soldiers for
asylum.

52. In cases in which military insanes are sent to one of these asylums for treatment, and not with a view to their being ultimately invalided to England, a copy of the detailed medical history and statement of case, M. H. F. 65 and 66, will accompany him.

Statement of
case of insane
women for
asylum.

53. When a soldier's wife is sent to an asylum on account of mental disability, a statement of the case, forms A and B—appendix XXIII—will accompany her. The order for the patient's admission will be signed by the husband.

Insanes not to
be removed until
receipt of
admission order.

54. No insane officer or soldier will be permitted to leave his station for the purpose of being placed in an asylum, before the order for his reception has been received, and either despatched to the general officer commanding at Bombay or Calcutta, or handed over to the party proceeding in charge of the patient; and in all cases the officer commanding the station will advise the authorities at Bombay or Calcutta, by telegraph, of the date when the officer or soldier is to arrive, in view to proper arrangements being made for his immediate transfer to the asylum.

Medical care and
refreshments
en route.

55. When practicable, insanes will travel under the charge of a medical officer, and the utmost care and consideration should be shown in providing for their shelter and refreshment. Deputy surgeons-general will issue such instructions as may be required, that at halting-places within their charges, the insanes may be provided, without delay, with comfortable quarters and food in the hospital of the rest-camp, or in a hospital nearest to the railway station, should there be no rest-camp hospital open.

Invaliding of
insanes from
asylums.

56. Insanes who, after a reasonable time, are considered by the superintendent of the asylum as not likely to derive further benefit from treatment, will be reported to the surgeon-general, and under his instructions invalided to England in the usual manner for insanes.

Precautions to
be taken on the
removal of
insanes.

57. When insanes are transferred from hospital, they will be removed in the presence of a medical officer, and care will be taken that they are dressed with due regard to health and comfort.

Escort.

58. Insane soldiers transferred from one hospital to another, or sent to their friends, will be accompanied by an escort, consisting

Invaliding.

[Section 15.]

INSANES—concluded.

IV.

of not less than one non-commissioned officer and two men, and application for the escort will be made to the military authorities.

59. When insane officers or soldiers are to embark on board any royal mail steam-ship, communication will be made to the agents as soon as possible, and the insane patients will, whenever practicable, be accompanied on board the ship by a medical officer, who will explain the case or cases to the commander and surgeon of the ship. Embarkation of insane officers and soldiers.

60. The medical officer in charge will prepare and lay before the invaliding board the following documents for each insane soldier :— Insane's documents.

- a. Two copies of the return of invalids, M. H. F. 64.
- b. Two copies of the detailed medical history, M. H. F. 65.
- c. To each of the two copies of the detailed medical history will be attached a copy of the statement of case of an insane, M. H. F. 66, and this will remain permanently attached to the detailed medical history. Great care will be bestowed in inserting in this statement the most detailed accounts of the antecedents of the men, so that those who have afterwards to deal with them may be guided in the distribution and disposal of the insanes.
- d. The medical history sheet, M. H. F. 74, completed in all its details to date, will be attached to the original copy of the detailed medical history.

61. The medical board will be held responsible that these documents are accurate and complete, and that the entries and signatures are in no case omitted. Responsibility of boards.

62. The *invaliding* medical documents of insanes will be disposed of as for ordinary invalids, excepting the duplicate copy of the return of invalids, M. H. F. 64, which will be forwarded by the officer commanding the corps to the commandant of the Colaba depôt, instead of the Deolali depôt. Disposal of documents.

63. All medical documents connected with insanes will be endorsed with the word "Insane" in *red ink* on the upper right-hand corner. Documents to be endorsed "insane."

Native Troops.

64. The rules regarding the disposal of native military insanes are contained in the Bengal army regulations. Insanes.

[NOTE.—Sections and paragraphs to be quoted, and not pages.]

Section 16.

SECTION 16.—MOVEMENTS.

I.

I.—General Rules. | II.—Route-marching. | III.—Railway.

I.—General Rules.

Report to officer commanding.

1. When a medical officer or subordinate is appointed to proceed in charge of troops, he will immediately report himself to the officer appointed to command the party.

Inspection of sick.

2. When men are sent from hospital to the camp or railway station, previous to proceeding on the journey, the medical officer in charge will inspect them immediately before they leave hospital, and satisfy himself that the wants of the sick have been provided for.

Inspection of equipment.

3. Before commencing a journey, the medical officer or subordinate in charge will inspect his equipments and carriage, and satisfy himself that every article is in good order and according to regulation.

Delivery of equipment.

4. On a corps leaving a station, the commissariat department will arrange for the hospital equipment sanctioned for troops proceeding on the line of march, or by railway, as the case may be, being given over to the medical department.

How equipment is made up.

5. The marching and railway scale of hospital equipment will be made up out of the station stock, with such additional articles as are prescribed for the journey ; and when a corps arrives at its destination, the equipment will be returned into store for general use, or for issue to any other corps leaving the station.

Equipment for British troops.

6. Hospital equipment for British troops on the line of march is provided on the scale detailed in appendix XXIV. The mattresses will be filled with straw. An addition of twenty per cent. of blankets on the scale laid down is authorised when considered necessary by the deputy surgeon-general. The pillows will be of the same size and description as those for hospitals in cantonments, and the smaller-sized pillows will be carried in doolies. For such of the sick as have not doolies to sleep in, an allowance of twelve pounds of straw for each adult, and six pounds for each child not in arms, is sanctioned as bedding.

Equipment for native troops.

7. The scale of equipment for hospitals of native troops on the line of march is given in appendix XXIV. On the departure of a corps, the ordinary cantonment equipment will be left behind for the use of the relieving troops, or for re-transfer to department of supply when such a course is impracticable.

Disposal of cantonment equipment.

8. Prior to the departure of a corps from a station, the surplus cantonment hospital equipment will be returned, in the case of British troops, to the commissariat department by the purveyor ; and in the case of native troops it will be left behind for the relieving troops, or for re-transfer to the department of supply when such a course is impracticable.

Movements.

[Section 16.]

GENERAL RULES—*continued.*

I.

8a. When a corps leaves a station, the sick under treatment will, if there are any other troops at the station, be detained until sufficiently recovered to rejoin their corps, otherwise they will accompany their corps if fit to travel. Detention of sick.

9. Should it become necessary to leave a patient at a station through which a corps may pass, the medical officer in charge will report the circumstance to the officer commanding with a view to the patient being transferred to hospital. Transfer of sick during the march.

10. Should it become necessary during a march to send a patient into hospital in advance, the medical officer in charge will, on arrival at the first camp on the line of railway, apply to the officer commanding to have the patient sent by railway, if fit to proceed in an ordinary railway carriage, to the nearest military cantonment. A timely report in all such cases will be sent, by post or telegraph, to the senior medical officer of the station to which the patient is proceeding. Patients proceeding in advance.

11. The scale of medical equipment and carriage for route-marching and railway is given in appendix XXV. Scale of medical equipment.

12. Field panniers will not be issued to troops marching between stations for a less period than ten days, unless in the opinion of the senior medical officer of the station it is considered absolutely necessary. When panniers are not issued, medicines, &c., for the journey will be taken in the authorised number of petarrahs. Field panniers.

13. The senior medical officer of the station is authorised to sanction, when deemed necessary, the issue of a railway medical companion or pair of petarrahs, to detachments of troops, either British or native, moving by railway. Railway companions and petarrahs.

13a. Medical officers are at liberty to take in the petarrahs anything they are likely to require, provided the authorised weight (forty to fifty pounds) is not exceeded. Contents of petarrahs.

14. Troops proceeding partly by route-marching and partly by railway, will take the authorised equipment for the whole journey in the event of it being impracticable to furnish the sanctioned equipment at the station at which the mode of travelling is changed. Equipment for route-marching and railway.

15. When a baggage mule or pony, with suitable pad or pack-saddle, cannot be supplied for carriage of panniers, a camel with the usual saddle and rope will be substituted. A driver will be supplied with each baggage animal (mule, pony, or camel). Carriage for panniers.

16. In the event of baggage animals not being available, each pannier will be carried, slung to a pole, by two bearers, with one man in relief. The poles, rope, and bearers will be supplied by the commissariat department. Bearers for panniers.

17. One banghy-buridar is sanctioned for each pair of petarrahs carried on the line of march or in the field. Banghy-buridar.

18. Medical officers and subordinates proceeding in charge of troops will submit a requisition to the senior medical officer of any Requisition for fresh supplies.

Section 16.]

Movements.

I & II.

ROUTE-MARCHING.

military station through which they may pass, for such stores (medical and commissariat) as may be required to replenish their stock.

Women near their confinement not to embark.

19. Soldiers' wives who are within three months of their confinement, will not be allowed to embark, either at home or abroad, in Her Majesty's troop-ships, or in transports, or in mail or contract steamers, or other vessels, and the husbands of such women will be detained with them. The nurses of hospitals for soldiers' wives will, when available, assist the medical officer in ascertaining the actual condition of women about to embark.

II.—Route-marching.

Inspection.

20. When a corps is ordered to march, the medical officer in charge will inspect the men, women and children, and report to the officer commanding such as are, in his opinion, unfit for the journey.

Sick not to travel.

21. No individual who is unable to travel will be permitted to proceed on the march from any station where there is a hospital. The carriage sanctioned for corps is intended for contingencies during a march only, and should therefore start empty.

Hospitals.

22. European sick on the line of march will be treated in non-dieted hospitals, be exempted from hospital stoppages, and receive barrack rations (cooked), supplemented by such medical comforts as may be considered absolutely necessary.

Expenditure of medical comforts.

23. Expenditure of medical comforts will be supported by the original bed-head diet-sheet, and the stock replenished by requisition at any station through which the troops may pass.

Epidemics.

24. Should an epidemic occur during a march, the medical officer in charge will telegraph to the nearest station for such extra establishment and stores as may be necessary.

Requisition for equipment and transport.

25. Previous to the march of a corps from a station, the medical officer in charge will submit a requisition for the authorised medical equipment, furniture and transport. He will also apply to the officer commanding the corps for the tents, carriage and tent lascars sanctioned by regulations, appendix XXIX. The medical equipment will be supplied, under the orders of the deputy surgeon-general, from any of the hospitals in the division or district where the same is stored.

Extra equipment.

26. When, from the nature or duration of the march, the authorised equipment noted in appendix XXIV is considered inadequate to meet the requirements of the troops, a division or section of a field hospital, fully equipped, may be ordered by the general officer commanding, on the recommendation of the deputy surgeon-general, to accompany the troops to their destination.

Return of equipment.

27. At the end of the march, he will take steps to return into store the equipments and stores supplied.

Supply of camp equipage.

28. The carriage and establishments required for hospital tents, will be indented for by the regimental authorities.

Movements.

[Section 16.

ROUTE-MARCHING—continued.

II.

29. The scale of sick transport is given in appendices XXVI, Sick transport. XXVII and XXVIII.

30. In calculating the percentage of sick on strength, fractional Percentages. parts of 20 will be reckoned as one per cent.

31. The authorised sick transport will be supplied by the com- Supply of trans- missariat department, on medical officers' requisitions approved by port. the deputy surgeon-general.

32. Field ambulances will not be supplied to detachments of Ambulances. less than 50 men; for such detachments, doolies will be provided in the proportion of 5 per cent. on strength.

33. When mountain batteries of royal artillery are marching Dandies for in the hills where roads are not suitable for doolies, such number mountain of dandies (common and Bareilly in equal proportion) will be sup- batteries. plied as can be manned by the authorised number of doolie-bearers, two bearers being calculated for each common and four for each Bareilly dandie.

34. Dandies, according to the scale given in appendix XXVI, are Dandies to authorised for British and native troops serving north of Jhelum. troops north of Jhelum. These dandies are exclusive of the service establishment of doolies, and will each be supplied with two chaguls (leather water-bottles).

35. On ordinary movements on the plains, doolies alone will When dandies be carried with troops; but when proceeding on hill service, all the are to be used. dandies will be taken, and as many doolies in addition as the authorised establishment of doolie-bearers can carry, two men being told off for each common dandy, and four men for each Bareilly dandy.

36. When corps leave a station and only require to take doolies Disposal of with them, all dandies in possession will be handed over to the dandies. commissariat department.

37. The scale of doolie-bearers is—

Doolie-bearers.

British Troops.

Sirdars	.	.	.	.	.	.	1 per 96 bearers.
Mates	.	.	.	.	.	.	1 per 24 bearers.
Doolie	.	.	.	.	.	.	6 per doolie.

Native Troops.

1 mate and 11 doolie-bearers per regiment of cavalry or infantry, inclusive of permanent establishment of corps.

38. Doolies supplied to British troops will be furnished with Bedding for bedding from the authorised marching equipment, and those issued doolies. for native troops will each be supplied with a mattress and pillow by the commissariat department.

39. On the march of British troops accompanied by sick, or of Extra carriage, parties of convalescents proceeding to, or returning from, hill British troops. depôts, extra carriage for the sick to the extent certified to be necessary by the medical officer in charge, under the countersignature of the deputy surgeon-general, should there be one on the

Section 16.]

Movements.

II.

ROUTE-MARCHING—*continued*.

spot, or otherwise of the senior medical officer in the station, shall, on the approval of the officer commanding the station, be supplied by the commissariat department under a station order. If on the line of march the number of sick should necessitate the employment of more carriage, the commanding officer of the corps, detachment, or party may, on the official representation of the necessity by the medical officer in charge, direct the commissariat agent to supply what is required.

Requisition for extra carriage.

40. Requisitions for extra carriage for sick will be accompanied by a certificate, M. C. F. 14, to the effect that conveyance is absolutely necessary for the number of men enumerated in the roll, who are unable to travel on foot.

Carriage for native troops.

41. In addition to the authorised number of doolies, every native corps moving in course of relief or on any other ordinary occasion, will march from cantonments with one or more country carts as may be necessary for the conveyance of eight or ten sick men; and should the number of sick increase, carriage to the extent necessary for conveying five men per troop or company may be employed under the orders of commanding officers of corps. A large up-country cart will contain from eight to ten men, but the number of carts required must be determined by the size and capacity of those procurable; each to be provided with the usual grass covering and with straw for bedding. Should a larger proportion of carriage be rendered indispensable by extraordinary circumstances, commanding officers will employ such further number of carts as may from time to time be necessary; but all orders for carriage beyond that for five men per troop or company must be forwarded for confirmation.

Extra carriage, native troops.

42. When the number of sick unable to march with a native corps moving in course of relief, or on any other ordinary occasion, exceeds the established means of conveyance, the commanding officer will make application to leave them at the nearest civil or military station for medical treatment, in charge of a steady native commissioned or non-commissioned officer, until they recover sufficiently to follow the corps.

Establishment to march with sick.

43. The whole of the hospital establishment will be kept with the sick, to be of service during the march, and on arrival at the encamping ground.

Custody of sick transport.

44. The sick transport will be in charge of the medical officer, who will see that it is deposited in the tents or other places allotted for them, that due attention is paid to their care and preservation, and that the bearers are kept in a proper state of discipline, and not employed on other than their legitimate duties.

Review certificate.

45. A review certificate in duplicate, M. C. F. 15, of all transport employed will be forwarded monthly to the executive commissariat officer.

Movements.

[Section 16.]

RAILWAY.

II & III.

46. The medical officer will superintend the sick convoy each day, and will arrange with the officer commanding that they are sent forward to the next halting ground, at such time and in such manner as will permit of their having due refreshment on the way if necessary, as well as quiet and uninterrupted rest during the halt.

Despatch of sick.

47. A chowkidar is authorised for the purpose of guarding hospital stores on the line of march, on a certificate from the medical officer in charge that no guard or policeman was available.

Chowkidar.

III.—Railway.

British Troops.

48. On the arrival of a corps or detachment in India, the medical officer in charge will forward to the principal medical officer at the port of disembarkation a condensed report of the diseases and casualties from the journal of medical occurrences kept during the voyage, a return of medical comforts expended, A. F. I 1208, and a return of sick, A. F. B182.

Returns for the voyage.

49. The medical officer in charge of the corps or detachment will fill up and transmit to the medical officer in charge of the home depôt, through the principal medical officer, the medical certificates, A. B. 172, of the cases of sickness embarked, and which were entered in the admission and discharge book left at the home depôt.

Medical certificates.

50. On the arrival of a corps or detachment at Bombay for the Bengal command, the medical officer in charge will report to the deputy surgeon-general at that presidency the men who may be unable to proceed by railway to Deolali, with a view to their being attached to, and treated in, a hospital in Bombay. Great care, however, will be taken in the selection of these cases, as it is advisable to take all sick as far as Deolali, where special arrangements have been made for the accommodation and care of such cases as may be unable to travel further.

Disposal of sick unable to travel.

51. The sick who are unable to travel up-country will be left at the depôt hospital at Deolali.

52. A railway medical companion will be supplied, on requisition from the depôt hospital stores at Deolali, to every detachment of troops proceeding up-country.

Railway companions.

53. Movable cushions for invalid carriages running on the East Indian; Sind, Punjab and Delhi; and Great Indian Peninsula railways are sanctioned. The custody and supply of them are entrusted to the commissariat department.

Movable cushions.

54. Two compartments, or half a second class carriage, are authorised in a troop extra train, as a hospital for casualties during the journey, the medical officer proceeding in charge indenting for any further lying-down accommodation that he may find absolutely

Accommodation for hospital.

Section 16.]

Movements.

III.

RAILWAY—*continued*.

necessary to complete hospital requirements. The medical subordinate will be accommodated in the half carriage, and allowed one full seat for himself and the medical stores. The remaining accommodation, *viz.*, three full seats, will be reserved for cases of sickness which may occur during the journey. Lying-down accommodation should usually be allotted in second class carriages, one or two men being allowed a full bench, or half a compartment, as the medical officer may consider necessary.

Invalid
carriages.

55. Cases of serious illness, whom it may be necessary to move by railway, will be accommodated in invalid carriages, and invalids who are capable of travelling in ordinary second class carriages will, when necessary, be provided with sufficient extra space to admit of their lying down. When this extra space is required in troop extra trains, a certificate (railway warrant form D), showing the lying-down accommodation necessary and provided, will be filled in and signed by the medical officer in charge.

56. When invalid carriages are made use of, the full complement of invalids will, when practicable, be sent in each carriage.

Lying-down
accommodation.

57. When lying-down accommodation is required in ordinary trains, a certificate to that effect will be given by the medical officer in charge, or where there is no such officer, by the senior medical officer of the station from which the troops were despatched.

Invalids resting
at camps.

58. Invalids may rest for any required period at any of the rest-camps or large stations on the line of railway.

Health
certificate.

59. Medical officers in charge of troops proceeding by railway will furnish a health certificate, M. H. F. 63, to the officer in command on the following occasions:—

- a. From the station of departure, immediately before leaving.
- b. From each cantonment, halting-place, or rest-camp *en route*.

60. In cases of small detachments of troops unaccompanied by medical officers, staff officers are responsible that these certificates are forwarded:—

- a. On leaving the original station of departure.
- b. On leaving a station at which rail is taken, when part of the journey has been by route-marching.
- c. On leaving a railway rest-camp, at which a halt of more than seventy-two hours has been made.
- d. On leaving Jubbulpore.

Detention of
infectious cases.

61. In the event of a case of infectious disease showing itself in a party on the move, immediate intimation should be given to the general officer commanding the division or district in which the disease may appear, who will issue orders, should any appear

Movements.

[Section 16.

RAILWAY—*continued.*

III.

necessary, for the detention of the whole, or a portion of the party, and communicate by telegraph the action taken to the quartermaster-general at Simla, and to the commandant, Deolali depôt.

62. Detachments of troops under twenty-five men, moving by railway, will not be accompanied by a medical subordinate, unless under every exceptional circumstances, such as serious illness, or the party being made up of sickly men, requiring medical attention during the journey. In every such case, a certificate from the senior medical officer as to the absolute necessity of a medical subordinate being attached to the party moving, will accompany the recommendation to the military authorities.

Medical aid for detachments under twenty-five men.

63. A medical subordinate will accompany a detachment of troops above twenty-five and under fifty men when travelling, unless the officer commanding, in communication with the senior medical officer, consider it unnecessary.

Ditto for above twenty-five men.

64. A medical officer or experienced medical subordinate will accompany a detachment of troops exceeding fifty men when travelling. The propriety of nominating a medical officer for the charge will be considered by the local authorities.

Ditto for above fifty men.

65. A medical officer, when available, will accompany a detachment of one hundred men and upwards when travelling.

Ditto for above one hundred men.

66. Non-dieted hospitals for British troops are sanctioned for the following rest-camps:—

Non-dieted hospitals.

Allahabad.
Cawnpore.
Dinapore.
Jhelum.
Jubbulpore.

Meean Meer.
Muddapore.
Sohagpore.
Toondla.
Terminal station of the Punjab
Northern State Railway.

67. No soldier will be left behind sick at a rest-camp, if this can be avoided without danger to the sick.

Detention of sick.

68. Patients detained in rest-camp hospitals will receive the ordinary barrack rations, supplemented by such medical comforts as may be considered absolutely necessary for the proper treatment of individual cases.

Medical comforts.

69. Such of the sick as may be too ill to partake of the ordinary barrack ration, or to continue their journey, will be transferred to the nearest station hospital and detained until fit to resume their journey. In exceptional cases, such as are likely to arise at Muddapore, Sohagpore, Toondla, and Jhelum, where hospitals for British troops are not established, the sick in question will be treated in the rest-camp, the barrack ration being cooked in any way suitable for the patient, and supplemented with medical comforts when necessary.

Transfer of sick.

Section 16.]

Movements.

III.

RAILWAY—*concluded*.

Bedding.

70. Blankets, pillows and towels, of the same size and description as those supplied in cantonments, are provided for the sick of British troops proceeding by railway on the scale laid down in appendix XXX. They will be returned to the commissariat department at the termination of the journey.

Percentages.

71. In calculating the percentage of sick on strength, all fractional parts of one hundred will be reckoned as one sick.

Supplies for rest camps.

72. The scale of supplies and equipment for rest-camp non-dieted hospitals is given in appendix XXXI.

[NOTE.—Sections and paragraphs to be quoted, and not pages.]

SECTION 17.—SANITATION.

Section 17.

I & II.

I.—General Rules.	VI.—Cholera.
II.—Troops in Garrison.	VII.—Small-Pox.
III.—Troops on Road and Railway.	VIII.—Vaccination.
IV.—Troops on Field Service.	IX.—Filtration of Water.
V.—Lock-Hospitals.	X.—Fumigation and Disinfection.

I.—General Rules.

1. Medical officers are charged, not only with the medical care of the sick, but with the duty of recommending to commanding officers, verbally or in writing, whatever precautionary measures as to barracks, encampments, garrisons, stations, hospitals, transport, diet, dress (as authorised by regulation), drills and duties as may, in their opinion, conduce to the preservation of the health of the troops, and to the mitigation or prevention of disease in the army. In the event of any verbal representation not being complied with, the medical officer will make a representation in writing on the subject to the commanding officer, forwarding copies of the correspondence to the deputy surgeon-general.

Sanitary
recommenda-
tion.

2. While medical officers are charged with the responsibility of acting as sanitary advisers, and of making such recommendations to commanding officers as they may deem essential for the preservation of the health of the troops, or for the mitigation or prevention of disease, it is no part of their duty to carry these out. This will be done under the orders of the general or other officer commanding, or by regimental authorities.

Carried out by
military
authorities.

3. Medical officers will transmit for the information of the deputy surgeon-general in garrison camps and stations, and also to the sanitary officer when an army is in the field, copies of all written recommendations they may have made for protecting the health of troops. When medical officers deem it necessary to forward suggestions of a sanitary nature to the deputy surgeon-general, they will furnish a copy to the commanding officer also.

Communications
relating to
sanitary
recommenda-
tions.

4. Deputy surgeons-general will bring all sanitary defects and recommendations to the notice of the general officer commanding.

Defects to be
noticed.

II.—Troops in Garrison.

5. A cantonment-committee, as prescribed in the Bengal army regulations, will be formed in the principal military cantonments.

Cantonment-
committee.

6. Deputy surgeons-general are members of all cantonment-committees formed in their charges.

Members.

7. Questions relating to the general health of the station will be considered and reported on by the cantonment-committee; or, if

Distribution of
duties.

Section 17.]

Sanitation.

II.

TROOPS IN GARRISON—*continued*.

the question be purely a medical one, it may be considered by a board of medical officers.

Sanitary officer.

8. The senior medical officer in military employ under the orders of the surgeon-general, Her Majesty's forces, will act as sanitary officer and adviser of the officer commanding the station, on all matters relating to the health of the troops, British and native.

Duties of sanitary officer.

9. He will exercise a general supervision over the sanitary condition of all parts of the garrison, camp, station and vicinity, as regards drainage, cleanliness, removal of nuisances, water-supply, overcrowding, ventilation, cemeteries both European and native, and all other matters affecting the health of the troops.

Report of sanitary defects.

10. He will represent defects in the same, together with his recommendations, to the officer commanding the troops.

Contribution to annual report.

11. He will contribute, for the cantonment-committee's annual health report, a concise statement as to the health of the different corps forming the garrison during the year; the extent of sickness and mortality occasioned by the chief diseases, and the causes to which these diseases appear to be due.

Acquaintance with neighbourhood.

12. He will make himself acquainted with the country in the neighbourhood of the station as regards drainage, water-supply, sites for camps and other subjects connected with the general health of the cantonment.

Epidemic disease.

13. Should epidemic disease appear in any garrison, camp, or station, the sanitary officer will immediately inquire into its cause, and, after consultation with the other medical officers, he will recommend in writing to the commanding officer measures for mitigating such disease.

Sanitary inspection of buildings.

14. Before any building is taken possession of for hospital purposes, the sanitary officer will, in communication with the authorities concerned, make a careful sanitary inspection thereof.

Report of inspection.

15. The sanitary officer will report to the commanding officer the results of his inspection, and make any necessary recommendations for removing defects.

Transmission of copies of inspection reports.

16. He will at the same time transmit a copy of every such report to the deputy surgeon-general, stating also the steps taken to carry out his recommendations, and the latter will forward every such report to the surgeon-general with any remarks he may have to make on the same.

Communication with sanitary officer.

17. All medical officers of a station will communicate with the sanitary officer on sanitary matters as a part of their ordinary duty.

Medical inspection of men and families.

18. Medical officers will be detailed to inspect the men and families weekly, or oftener if necessary, for the detection of ailments indicated by the countenance or skin, and will take such precautionary measures as may be necessary to isolate contagious cases in ward or tent, as the season will allow.

Sanitation.

[Section 17.]

TROOPS IN GARRISON—*continued.*

II.

19. On the first arrival of British troops at a station, or when venereal disease is unusually prevalent in any corps, a medical officer will carefully inspect every unmarried soldier with a view to the early detection and treatment of cases of that disease. The utmost decency will be observed in making these examinations.

Inspection for venereal disease.

20. Medical officers will satisfy themselves that the personal cleanliness of the men is properly attended to.

Personal cleanliness.

21. A medical officer will visit all barracks or quarters, guard-rooms, cells, married soldiers' quarters, canteens, schools, churches, cemeteries, reading-rooms, lavatories, gymnasia, places of recreation, wash-houses, cook-houses, bazaars, latrines, baths, urinaries, stables, filters, reservoirs and sources of water-supply, &c., at least once a month, to examine their general sanitary condition and cleanliness.

Inspection of barracks and quarters.

22. He will ascertain—

Subjects of sanitary inspection. Overcrowding.

a. That the number occupying any one building or room, by day or night, does not exceed that for which it is intended or apportioned, and that the cubic and superficial space (appendix XXXVII) enjoyed by each person is according to regulation.

b. That the ventilation of the buildings is suitable.

Ventilation.

c. That the cooling apparatus in summer is in good order.

Temperature.

d. That the lighting of buildings, rooms, and passages is sufficient.

Lighting.

e. That perfect cleanliness is maintained throughout.

Cleanliness.

f. That the surrounding ground and neighbourhood is kept clean and dry by efficient and unobstructed drainage, and that no source of impurity or disease is permitted to exist.

Drainage.

g. That the urinaries and latrines are efficiently conducted according to the dry-earth system and kept scrupulously clean.

Urinaries and latrines.

h. That the lavatories and baths are in efficient order and supplied with good water.

Lavatories.

i. That the drinking-water is ample and pure, and conveniently accessible to the men and their families.

Drinking-water.

j. That the rations and canteen and bazaar supplies are of good quality; that the cooking of the rations is conducted in a wholesome, cleanly, and sufficiently varied manner; and that the vessels are properly tinned once a fortnight.

Rations, supplies and cooking.

k. That the clothing and bedding of the men are suitable and adapted to the place, season and duties.

Clothing and bedding.

l. That the duties, drills, guards, gymnastic exercises and amusements of the men are in every way suitable and appropriate; the number of nights in bed should be stated.

Duties and drill.

23. He will keep notes in the diary of such examinations, recording the defects discovered, and the representations made, with the result.

Record of inspections.

Section 17.]

Sanitation.

II.

TROOPS IN GARRISON—*continued.*

Cubic and superficial area.

24. The authorised cubic and superficial space is given in appendix XXXVII.

Extra hospital accommodation.

25. When the hospital accommodation of British troops becomes insufficient, and the barracks are partially empty, the companies will be closed up, and such barrack rooms as can be spared made available for the sick. These arrangements will be made by the officer commanding the station.

Extra rations.

26. In cases where the issue of extra rations to soldiers is absolutely necessary, medical officers in charge may, with the written approval of the deputy surgeon-general, recommend the same to the officer commanding the station, stating their reasons for considering the measure necessary and the period for which it will be required.

For periods over one month.

27. Should this period exceed one month, a fresh recommendation, with renewed explanations, and similarly approved, will be submitted for the period beyond the month.

Extra fuel.

28. When fires are considered absolutely necessary on sanitary grounds at stations where fuel is unauthorised, or when charcoal fires are required for drying men's clothing and bedding in barracks, the procedure laid down in Bengal army and Bengal barrack regulations respectively will be observed.

Burning of charcoal.

29. No charcoal-pan or stove will be permitted to be used in any occupied room or ward which is not provided with a flue leading out to the open air, through which the fumes can escape freely.

Punkahs.

Hanging of punkahs.

30. All the punkahs in hospitals will be hung and properly connected in sets or trains under the orders of the executive engineer.

Punkahs for prisons.

31. Punkahs are not allowed in prisons, unless pronounced absolutely necessary for the preservation of health in the absence of either tatties or thermantidotes, and their supply is recommended on such grounds by the deputy surgeon-general.

Punkah-fringes.

32. Punkah fringes will be put up clean in hospitals at the commencement of the hot weather, and they will be washed once only during the season at the expense of the state.

Thermantidotes.

Thermantidotes where authorised.

33. Thermantidotes, in lieu of tatties, will be used in hospitals of British troops at the station of Peshawar, and will be provided by the public works department. They are also authorised, in addition to tatties, for similar hospitals at other stations on special requisitions.

Number for hospitals.

34. The number of thermantidotes to be employed in each hospital of British troops will be decided by the standing barrack committee, at the time it assembles for the purpose of ascertaining

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[Section 17.]

TROOPS IN GARRISON—*continued.*

II.

the probable number of coolies that will be required for pulling punkahs. Each thermantidote worked with two handles is allowed six coolies.

35. Two tatties are allowed for each thermantidote, and oil as required. Tatties for thermantidotes.

Tatties.

36. The use of tatties in hospitals of British troops will be left to the discretion of the local authorities, the concurrence of the deputy surgeon-general being obtained before their discontinuance is sanctioned. Tatties for hospitals.

37. The number of tatties to be furnished for any building is restricted to half the number of apertures on one side of the building only. Scale of tatties.

38. One tattie is allowed for each nurse's quarters, and for each hospital office of British troops. Tatties for nurses and office.

39. Tatties will be used at nights in barracks, hospitals, and cells, on the recommendation of the local medical authorities, whenever the thermometer at 9 o'clock P. M. indicates a temperature of 95° Fahrenheit or more. They will be discontinued as soon as the temperature for two consecutive nights falls below 95° Fahrenheit. Use of tatties at night.

40. Requisitions for tatties for hospitals, for the following hot season, will be submitted to the commissariat department on or before the 15th February in each year by medical officers, and will be accompanied by statements showing the buildings to which they are to be applied, with the number and dimensions of the apertures on one side thereof, the persons by whom these buildings are occupied, and by explanations of any difference between the number of tatties estimated for and that supplied during the previous season. Requisitions for tatties.

41. Any petty repairs that may be necessary to tatties during the time they are in use will be effected by the commissariat department. Repairs to tatties.

42. On the 1st of August of each year, provided the rains have then fairly set in, the old khus is to be destroyed under local arrangements, and the frames, tubs, naunds, dolchies, &c., returned to the commissariat department. Disposal of tatties.

43. A return of the number of days on which tatties and thermantidotes were used in hospitals will be submitted annually, at the close of the tattie season, to the secretary to the cantonment-committee, for incorporation in the annual sanitary report on the cantonment. Medical officers will fill up the column "showing the number of days on which tatties and thermantidotes were found to be of decided benefit in cooling the air" from the register of the hospital thermometer, and will also state in the column of remarks whether the use of tatties and thermantidotes has generally been beneficial. Return of tatties.

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Sanitation.

II & III.

TROOPS ON ROAD AND RAILWAY.

Establishments.

44. The dates for the employment and discharge of establishments for watering tatties, or for commencing and discontinuing the use of thermantidotes, will be notified in orders by the officer commanding the station, who is responsible that tatties or thermantidotes are not taken into use before they are absolutely required, and also that they are dispensed with as soon as possible with reference to the state of the weather; but this does not relieve the senior medical officer from the duty of making such representations on the subject as the state of the health of the troops may render necessary.

Conservancy.

For hospitals.

45. The regimental conservancy carts and establishment of British troops is for the general use of barracks and hospitals, and officers commanding will make such disposition of the same as will provide for the dry-earth system being efficiently applied to hospital latrines and urinaries.

Dry-earth.

46. Earth for deodorising purposes must always be dry and in a state of fine powder. It is necessary to arrange for drying and storing it in sufficient quantities for use during the rains.

Supply of dry-earth.

47. The rubbish carts which carry away the sweepings from the lines daily, will be employed to bring back a supply of fresh earth for use in the latrines.

Disposal of excreta from infectious cases.

48. The excreta from patients suffering from cholera and typhoid fever, will be subjected to disinfection by the most suitable disinfectants at command, and be removed on the dry-earth system in separate receptacles, and buried at a safe distance from occupied localities or sources of water-supply.

III.—Troops on Road and Railway.

Inspection of men prior to march.

49. Prior to the departure of a corps or detachment, the medical officer proceeding in charge will carefully inspect the men, in order to prevent any who may be suffering from serious illness or contagious ailments, such as venereal, from proceeding on the march.

Unhealthy encampments.

50. Should the medical officer perceive anything in the locality chosen for the encampment likely to prove injurious to health, he will communicate his opinion to the officer commanding, and consult with him as to the preventive measures to be adopted. Low damp situations, ravines, the dried-up beds of water-courses and native villages ought to be avoided.

Water-supply.

51. The water at each encamping ground will be examined, and drinking from any impure supply guarded against.

Vessels for holding drinking-water.

52. The water-vessel furnished with a zinc cover, issued with each European private's tent, will be used for holding drinking-water only.

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[Section 17.]

TROOPS ON FIELD SERVICE.

III & IV.

53. During the heat of the day the men should be exposed as little as possible. Exposure to be avoided.

54. Great attention will be paid to clothing, which ought to be suitable, in every way, to locality, season and nature of the march. Clothing.

55. In the event of any epidemic making its appearance amongst the troops, the medical officer in charge will report the circumstance at once to the nearest deputy surgeon-general. Epidemics.

56. Health inspections of the men on the march will be made as in quarters. Health inspections.

57. The system of conservancy of camps and encamping grounds will be the same as in cantonments. Camp conservancy.

58. In the event of troops forming a standing camp for exercise or other duties, or halting more than the ordinary time on any ground, fresh trenches will be dug daily, parallel to those in use on the previous day, which will be filled in with earth as the new ones are completed. Trenches to be dug daily.

59. Troops, before proceeding on the march, will be supplied with some refreshments, especially during epidemic seasons. Refreshments.

IV.—Troops on Field Service.

60. When troops are under orders for field service, and before they leave cantonments, every commissioned, warrant and non-commissioned officer, soldier, hospital-attendant, camp follower and personal servant proceeding to the front, will be medically examined to test his physical fitness in every respect to undertake the fatigue and exposure of active service. Similar examinations will be made of every individual of the above classes who may join after leaving cantonments. Medical inspection.

61. Every follower, both public and private, and personal servant, on being examined and found fit for service, will be furnished with a certificate to that effect, M. H. F. 70. Certificate of fitness.

62. Before an army takes the field, the surgeon-general will recommend a competent medical officer to be appointed sanitary officer, who will be attached to the quartermaster-general's department of the army. Sanitary officer.

63. The sanitary officer will accompany the quartermaster-general, or such officer as the latter may appoint, in selecting buildings for the use of troops, whether as quarters, hospitals, or stables. He will examine into the sanitary condition of such buildings, as regards cleansing, nuisances, drainage, ventilation, lighting, water-supply, lime-washing, cubic contents and other matters connected with the health of the troops or of the sick. Selection of buildings.

64. He will examine the sanitary condition of towns or villages and sites for encampments about to be occupied, and their neighbourhood; and he will make recommendations for organising a Sanitary inspections.

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Sanitation.

IV.

TROOPS ON FIELD SERVICE—*continued*.

sanitary police for the preservation of cleanliness, removal of nuisances and the execution of measures for protecting the health of troops in occupation.

Sanitary investigations.

65. Immediately on being informed of the presence of disease, he will examine into the cause of the same, whether it proceeds from, or is aggravated by, defects in cleansing, drainage, nuisances, overcrowding, defective ventilation, bad or deficient water-supply, dampness, marshy ground, or any other local cause; or from bad or deficient food, intemperance, unwholesome liquors, fruit, defective clothing or shelter, exposure, fatigue, or any other cause.

Sanitary recommendations.

66. During epidemic seasons, he will also indicate the best means of mitigating or preventing attacks of disease on the march.

Weekly report.

67. He will draw up a weekly sanitary report on the state of the troops and hospitals, and will forward it to the principal medical officer for the information of the commander of the forces.

Access to records.

68. He will have free access to all hospital sanitary records, so that he may be kept acquainted with the recommendations of medical officers for protecting the health of the troops.

When no sanitary officer is appointed.

69. When it has not been considered necessary to appoint a sanitary officer, the principal medical officer will discharge the duties of sanitary officer.

Sanitary advice by principal medical officer.

70. The principal medical officer of an army in the field will give, when necessary, advice in writing to the commander of the forces on all subjects bearing on the health and physical efficiency of the troops.

Field sanitary instructions.

71. He will issue, for the guidance of medical officers, instructions to be observed for protecting the health of the troops.

Reports on army hygiene.

72. The principal medical officer of an army in the field, will send to the surgeon-general, from time to time, full information on all subjects connected with the hygiene of the army, together with such recommendations for improving this service as he may consider requisite.

Sanitary reports.

73. Medical officers will transmit at stated periods to the principal medical officer, reports fully detailing the sanitary state of the troops and hospitals, and all matters affecting the health and physical efficiency of the men.

Drainage of huts.

74. Before erecting huts, the ground will be cleared and levelled, and a trench dug round the site of the hut sufficiently deep to drain the site.

Construction of huts.

75. Huts will not be dug out of the ground, nor have earth heaped against their sides; they will stand detached and at a sufficient distance from each other and from any neighbouring higher ground, to allow a free circulation of air around them. In warm climates the floor, when boarded, will be sufficiently raised above the ground to allow of a free circulation of air beneath.

V & VI.

V.—Lock-Hospitals.

76. Lock-hospitals are sanctioned in certain stations, and will be under the control and management of the cantonment-committee. Control.

Lock-hospitals are divided into three classes, *viz.*,— Classes.

First class, under the charge of a medical officer drawing Rs. 100 per mensem.

Second class, under the charge of a medical officer drawing Rs. 50 per mensem.

Third class, under the charge of a medical subordinate drawing Rs. 20 per mensem.

77. The stations where lock-hospitals are sanctioned are given in appendix XXXVIII. Where authorised.

78. The appointment of a medical officer or subordinate to the charge of a lock-hospital, rests with the officer commanding the station after consultation with the senior medical officer, and is subject to confirmation by the government of the province. The nominee may belong to either service, and should, when practicable, be in military employ and conversant with the language and customs of the natives of the place. Charge.

79. When a medical officer who has not passed the lower standard in Hindustanee is appointed to the charge of a lock-hospital, he must engage to pass within six months, or failing to pass in that time, he will be liable to forfeit his appointment. Colloquial qualifications.

80. The establishment and rates of pay will be regulated in each case by the absolute requirements and scope of operations of the particular hospital, and fixed accordingly by the cantonment-committee. Establishment.

81. A statement showing the admissions from venereal affections among the British troops will be furnished weekly (from Saturday to Friday) by the senior medical officer to the secretary to the cantonment-committee. Weekly return.

82. The rules for the working of lock-hospitals are contained in the cantonment-regulations. Rules.

VI.—Cholera.

83. The measures to be adopted in anticipation of the appearance of cholera in a station or district, and on outbreak of the disease, are detailed in appendix XXXIX. Measures to be adopted.

84. The "*Morning state of cholera*," M. H. F. 48, will be furnished daily by the medical officer in charge when cholera appears at a station, in accordance with the instructions contained in the cholera rules (appendix XXXIX, paragraph 72), and will be continued for ten days after the termination of the last case, either by death or recovery. When detachments are sent out in charge Daily state.

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Sanitation.

VI, VII, &
VIII.

SMALL-POX—VACCINATION.

of medical officers at too great a distance to be conveniently included in the station states, separate returns will be furnished for the several detachments.

Weekly return.

85. During the occurrence of cholera among British troops, a "*Weekly return of admissions and deaths from cholera in the command*" will be prepared in triplicate on M. H. F. 47, and will be furnished by the surgeon-general—one copy to the government of India, one copy to His Excellency the commander-in-chief, and the third to the director-general, army medical department.

86. A short memorandum will be appended to the return as to the places at which the disease has appeared for the first time during the week either among the troops or native population; the stations at which it appears to be on the decrease among either class; and the stations at which the spread of the disease among the civil population would lead to the fear that it may probably show itself among the troops.

Report and
register.

87. In the cholera report and register will be incorporated the statistics of all detachments moved out of the station on account of cholera, and cases of native followers will be entered in the register in red ink.

VII.—Small-pox.

Report of cases.

88. Every case of small-pox will be immediately reported to the deputy surgeon-general, specifying the name and age of each individual, the dates of vaccination and re-vaccination, with their results respectively, and whether the individual bears satisfactory marks or not, and the number thereof. All such cases will also be noticed in the weekly sick return. Should no marks of vaccination exist, the fact will be mentioned in the report, with a statement showing the date the individual joined the corps. A small-pox register will be kept on M. H. B. 6 and 6A.

Registers.

Measures to be
adopted.

89. The measures to be adopted on the appearance of small-pox are detailed in appendix XXXIX.

VIII.—Vaccination.

Report.

90. Medical officers in charge will state in their annual report of medical transactions whether every man, woman and child under their care bears unequivocal marks of either small-pox or cow-pox; and they will keep a register on M. H. B. 6 and 6A, of the names and appearances of all patients vaccinated and re-vaccinated.

Re-vaccination.

91. Every doubtful case among soldiers, their wives and children, will undergo re-vaccination at the earliest opportunity.

Special attention
to vaccination
during small-
pox.

92. Whenever small-pox is epidemic or prevalent, medical officers will exercise more than ordinary care and attention in regard to vaccination, and for that purpose will make a careful inspection

Sanitation.

[Section 17.]

VACCINATION—*continued.*

VIII.

of every individual, and at once resort to the operation of vaccination, or re-vaccination, where necessary.

93. Every recruit will be vaccinated on joining the head-quarters or depôt of the corps to which he belongs, unless the operation is certified to have been already successfully performed subsequently to his enlistment, and the medical officer will enter the date of operation in the man's medical history sheet, M. H. F. 74. Vaccination of recruits.

94. To prevent the injurious effects which may be induced by drill and musketry practice immediately after vaccination, the medical officer in charge is empowered to recommend to the officer commanding that light duties be assigned to men so circumstanced for a few days immediately following the operation. Light duty for men after vaccination.

95. Wives and children of British soldiers will be vaccinated or re-vaccinated, as the case may be, on their joining the head-quarters or depôt of the corps, unless the operation has already been successfully performed subsequently to their being taken on the strength of the corps. All soldiers' children will be subject to re-vaccination after the age of fourteen years. Vaccination and re-vaccination of the soldiers, their wives and children will be performed at the hospital. Vaccination of women and children.

96. Medical officers in charge are responsible that all persons living within the limits of the regimental lines and bazaars are properly protected against small-pox by vaccination and re-vaccination. Vaccination of followers.

97. The direct method of vaccination will be had recourse to whenever practicable, in preference to that by lymph from tubes or points; it being understood, however, that in vaccination from arm to arm, or in re-vaccination, the lymph is not to be taken from adults nor from a re-vaccination. Method of vaccination.

98. When re-vaccination has failed, medical officers will repeat the operation with lymph from another source when practicable, and in the event of the operation still proving unsuccessful, the names of the individuals will be recorded, with a view to their being re-vaccinated at some subsequent date. Fresh lymph.

99. In re-vaccination, medical officers will make the necessary punctures in not less than two places, and where the evidence of original vaccination is indistinct, or single, three punctures will be made. Number of punctures.

100. The staff surgeon, or senior medical officer where there is no staff surgeon, will be responsible for the vaccination and re-vaccination of all persons not on the strength of corps residing in a cantonment outside the limits of a vaccination circle. Responsibility for vaccination.

101. Medical officers requiring vaccine lymph will apply, through the deputy surgeon-general, to the sanitary commissioner of the province. The supply is restricted to the cold season, when it can be procured fortnightly. When once supplied, medical officers will be expected to keep up the supply so long as any persons under their charge remain unprotected. Supply of lymph.

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Sanitation.

VIII, IX, & X.

FUMIGATION AND DISINFECTION.

Annual return. 102. An annual return of vaccination, M. H. F. 15, for the period from 1st April to the 31st March following, will be forwarded by medical officers in charge, through the deputy-surgeon general, to the surgeon-general.

IX.—Filtration of Water.

Attention to sources of water-supply.

103. At every military station the sources from which the water-supply for the troops is procured, will be carefully attended to by deputy surgeons-general.

Analysis of drinking-water.

104. Water used for drinking purposes at each station will be roughly analysed by a selected medical officer twice a year, *viz.*, before and after the monsoon, in the manner indicated by the sanitary commissioner with the government of India. The result of the analysis will be recorded in the annual sanitary reports on cantonments. Should the analysis disclose anything suspicious in any particular water, a sample will be sent to the nearest chemical examiner, pending whose report the well, tank, or spring from which the sample was taken, should not be resorted to for drinking purposes.

Quality and quantity of water to be attended to.

105. Medical officers will ascertain, from time to time, the quality and amount of the water supplied to the men under their charge, and will see that wells and other sources of drinking-water are properly protected from leakage from drains, latrines, cesspools and other sources of impurity. The outer protecting walls of all wells and tanks should be sufficiently raised to prevent the ingress of surface water.

Covers to wells.

106. All government wells in cantonments and encamping grounds, the water-supply of which is used for drinking purposes, will be provided with covers.

Filtration of drinking-water.

107. All water intended for drinking purposes of British troops, will be previously filtered through Macnamara's filters when available.

Inspection of filters.

108. Medical officers at their inspections will see that the filters are in efficient working order, reporting to commanding officers any defect noticed by them.

Description of filter.

109. A description of the Macnamara filter is given in appendix XL.

X.—Fumigation and Disinfection.

Sanitary precautions.

110. When any disease of an infectious character occurs among the troops, or in their lines or bazaars, measures to mitigate its virulence and prevent its spread will at once be adopted.

Measures to be adopted.

111. These measures will embrace segregation of the infected; free ventilation of the sick room, ward, tent, or hut; and such expedients for fumigation and disinfection as are hereinafter indicated.

Sanitation.

[Section 17.]

FUMIGATION AND DISINFECTION—*continued.*

X.

112. When considered necessary by the medical officer, the barrack room, married soldiers' quarter, or hospital ward in which a case of infectious disease has occurred, will be vacated and fumigated; and the walls, roof, furniture and other contents of the room thoroughly cleaned. All furniture and woodwork should be washed with country soap and water; and the walls, ceilings and punkahs scraped and white-washed. The windows and doors should be kept open for several days.

Fumigation and disinfection of buildings.

113. The stuffing of the barrack bedding used by the infected prior to admission into hospital will be burnt, and the rest of their bedding, as well as their clothing not actually in use, will, if not liable to injury thereby, be at once, and without removal to hospital, subjected to the action of boiling water for at least an hour. The articles will then be freely exposed to the air and afterwards washed.

Of barrack bedding and clothing.

114. Hospital bedding, clothing, &c., which have been used by patients suffering from infectious fevers, will be treated as follows:—

Of hospital bedding and clothing.

The stuffing of the mattresses and pillows will be opened out, exposed to the air and beaten, and when practicable, submitted to a dry heat of not less than 212° Fahrenheit for at least two hours (in an oven or otherwise) before being used again; the remainder of the bedding, clothing, &c., and such of the clothing worn by patients at their admission as is not liable to injury thereby, will be steeped in boiling water, exposed to the air, beaten and afterwards washed with soap and water. Boiling the articles instead of steeping them in boiling water is preferable when it can be done, in which case disinfection by chemicals will not be necessary.

115. Such articles of a soldier's kit as cannot be so treated will be removed to hospital and there fumigated and exposed to the air and sun for a week, beaten and brushed. When belonging to patients who have suffered from cholera, the articles will not be again taken into use until the epidemic has ceased.

Fumigation of kits.

116. Bug-boilers will be utilised for the purification of articles of infected bedding and clothing.

Boilers.

117. Medical officers will indent on the commissariat department for the quantity of fuel required for boiling infected hospital bedding and clothing. Such requisitions do not require the countersignature or approval of the deputy surgeon-general.

Fuel for boilers.

118. When fumigation is considered to be necessary, one of the following processes will be adopted:—

Fumigation processes.

a. With chlorine gas.

Chlorine gas.

Common salt	4 ozs.
Oxide of manganese, in powder	1 oz.
Sulphuric acid	1 oz.
Water	2 ozs.

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X.	FUMIGATION AND DISINFECTION— <i>continued.</i>	
	The water and acid to be mixed together, and then poured over the ingredients in a delf basin, which should be placed in a pipkin of hot sand.	
Nitrous-acid gas.	<i>b. With nitrous-acid gas.</i>	
	Copper shavings	$\frac{1}{2}$ oz.
	Nitric acid	$1\frac{1}{2}$ ozs.
	Water	$1\frac{1}{2}$ ozs.
	Pour the acid and water upon the copper in a small jar.	
	<i>c. With sulphurous-acid gas.</i>	
Sulphurous acid gas.	Burn two ounces of sulphur in a metal basin.	
Precautions to be observed in fumigating.	119. All doors and windows and other openings in the room should be closed before commencing fumigation. The operator should leave the room immediately the process has commenced. At the expiration of two or three hours all doors and windows should be thrown open and free ventilation established. The rooms should be entirely emptied before being fumigated.	
Disinfection and fumigation how conducted.	120. All processes of disinfection and fumigation will be carried out by the subordinates of the medical department, wherever the necessary establishment exists, and medical officers will supervise the use of chemicals.	
Scale and supply of disinfectants, &c.	121. The scale of disinfectants, which will be obtained from the commissariat department, is given in Appendix XVI. The materials for fumigation will be obtained from the medical store depôt, with the exception of sulphur and common salt, which will be supplied by the commissariat department.	
Sulphur and lime.	122. If necessary, a supply of sulphur and quick-lime may also be procured from the commissariat department during the prevalence, or the anticipated approach, of an epidemic.	
Preparation of lime.	123. When quick-lime is used as a disinfectant, the lime should, if practicable, be specially burnt for each occasion, or the freshest that can be obtained should be used, and it should be applied liberally.	
Storage of lime.	124. Lime, if kept, should be placed in air-tight boxes: a very short exposure to the atmosphere causes it to imbibe moisture, and lose its disinfecting qualities.	
Reserve disinfectants.	125. A reserve supply of disinfectants, in accordance with the scale laid down in appendix XXXIX, paragraph 62, is authorised for special use during the prevalence of epidemic diseases.	
Custody of reserve supply.	126. These disinfectants are specially intended as a reserve stock for times of epidemic sickness, for use in barracks, drains, latrines, and in any other places and ways considered desirable by the local medical authorities. The authorised quantity will always	

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FUMIGATION AND DISINFECTION—*concluded.*

X.

be maintained by the commissariat department for issue, as required, on the requisition of the senior medical officer, supported by a station order. In stations where there is no commissariat officer, the reserve supply of disinfectants will be kept in one of the hospitals under the orders of the senior medical officer.

127. The rules regarding disinfection and fumigation in cases of cholera or small-pox are laid down in appendix XXXIX.

Fumigation and
disinfection
during cholera
and small-pox.

[NOTE.—Sections and paragraphs to be quoted, and not pages.]

Section 18. SECTION 18.—CORRESPONDENCE AND RETURNS.

I.

- I.—Correspondence.
II.—General Rules.
- III.—Statistical Returns.
IV.—Disposal of Records.

I.—Correspondence.

- Foolscap paper to be used.
True copies to be filed.
Medical officers' signature.
Rules for official correspondence.
Address.
Inscription.
1. All returns and reports will be prepared on foolscap paper, unless a special printed form has been issued of another size. When a return or report consists of several sheets, these will be stitched together and paged.
2. A true copy of every official document, which is not of a temporary nature, will be filed for record.
3. Medical officers in signing public documents, will specify under their signature, which must be legibly written, their rank, and the corps or hospital with which they are doing duty.
- 3a. Official correspondence will be conducted according to the rules contained in the Bengal army regulations.
4. All covers and correspondence will be addressed to
The Surgeon-General, Her Majesty's Forces ;
Military Department,
Government of India,
Simla.
5. Administrative medical officers will be very particular to have inscribed on the upper left-hand corner of all covers a particular heading indicative of their contents. As a general rule the following headings will be used, and considered to apply to the subjects enumerated respectively below them :—
I. British Hospitals.
II. Native Hospitals.
III. Medical Subordinates.
IV. Army Hospital Native Corps.
V. Statistics, British Troops.
VI. Statistics, Native Troops.
6. In forwarding official communications, remarks by transmitting authorities will be written in due sequence after the signature of the first writing, foolscap pages being added as required.
7. Deputy surgeons-general are responsible for the general correctness and propriety of what is set forth in documents submitted by them. They will adjust all matters that come within the scope of their authority, and in transmitting applications or correspondence, they will state their concurrence or otherwise, adding such additional observations, based on local knowledge, as may enable the officer referred to to arrive at a proper understanding of the question without further reference.
- Remarks by transmitting authorities.
Responsibility of transmitting authorities.

Correspondence and Returns.

[Section 18.]

CORRESPONDENCE—*continued.*

I.

8. Letters and applications from medical officers and subordinates will be forwarded through their immediate superiors. Communications from medical officers and subordinates.

9. Unless otherwise directed, all returns, reports, requisitions and correspondence, will be submitted through the deputy surgeon-general. Submission of correspondence.

10. A strict observance of the prescribed channel of communication is enjoined on the part of all officers whether in the actual performance of duty or not. Any officer or subordinate who, on his own responsibility, transmits documents otherwise than through the proper channel, will fully explain the causes which induce him to do so, and at the same time forward copies for the information of the authority through whom they should have passed in regular course. In the event of an intermediate authority refusing to forward documents submitted for transmission to a superior, the objections will be stated at the foot of the documents which may then be sent by the party concerned to the next superior authority. Channel of communication.

11. In replying to official letters, the subject heading, number, and date, will be quoted. Replies.

11a. Complaints against the medical stores department will be submitted by medical officers, through deputy surgeons-general, to the surgeon-general. Complaints relating to medical stores.

12. Correspondence between medical officers in charge of station hospitals, will be transmitted through the deputy surgeon-general of the division or district in which the hospitals are respectively stationed. Communications between medical officers.

13. Executive medical, and executive commissariat, officers are permitted to communicate direct with each other on all matters affecting their respective duties in connection with hospitals. When, however, a question cannot be satisfactorily arranged, the case will be submitted to the deputy surgeon-general. Communications between medical and commissariat officers.

14. Correspondence affecting matters of local interest will be forwarded to the officer in command, or local head of the department concerned, who will dispose of the matter, or, if necessary, refer it to higher authority. Correspondence of a local nature.

15. Examiners of accounts are authorised to communicate direct with medical officers on subjects connected with their personal responsibility for public property, and *vice versa*. Correspondence with examiners.

16. Replies by executive medical officers to objections made by the examiner of medical accounts will, in all cases, be transmitted through the deputy surgeon-general. Replies to objections by examiner of medical accounts.

17. Whenever the name of an individual is submitted with a view of its eventually appearing in general orders, the name will be printed by hand in such a way as to prevent one letter being mistaken for another. Hand printing of names.

18. The abbreviations which may be used are :—

Abbreviations.

A. B., Army Book.

A. F., Army Form.

Section 18.]

Correspondence and Returns.

I.

CORRESPONDENCE—*continued.*

- A. H. C. B., Army Hospital Corps Book.
- A. H. C. F., Army Hospital Corps Form.
- A. H. N. C., Army Hospital Native Corps.
- A. M. D., Army Medical Department.
- A. M. D. R., Army Medical Department Regulations.
- B. A. R., Bengal Army Regulations.
- B. B. R., Bengal Barrack Regulations.
- B. F., Bengal Form.
- B. M. R., Medical Regulations, Her Majesty's Forces, Bengal.
- G. G. O., Government General Order.
- G. O., Standing General Order.
- G. O. C. C., General Order by His Excellency the Commander-in-Chief.
- I. A. C., India Army Circular.
- I. M. S., Indian Medical Service.
- I. O. F., Indian Ordnance Form.
- M. C. F., Medical Commissariat Form.
- M. H. B., Military Hospitals Book.
- M. H. F., Military Hospitals Form.
- P. W. D. F., Public Works Department Form.

Access to official records.

19. Access to official records is only permitted to those who are entrusted with the duties of the hospital to which they belong ; and they must not be made public, or communicated to any person not authorised to demand access to them, without the previous sanction of government.

Use of records.

20. An officer can only legitimately use these records for the furtherance of the public service in the discharge of his official duty, and the same rules applies to information of which he may become possessed officially.

Permanent advances.

21. A permanent advance of ten rupees, for the purchase of official postage labels, is sanctioned to the medical officer in charge of each station hospital.

Account.

22. When an officer who has received a permanent advance for contingent or postal expenses is relieved of his charge, he will account for the advance to his successor, and the fact of his having done so will be set forth on the first bill signed by the relieving officer.

Responsibility of relieved officer.

23. The relieved officer is responsible for the adjustment of the advance which is placed to the debit of his personal account in the military accounts office. He will obtain from the relieving officer a receipt for its full amount, and forward the same to the circle paymaster.

Acknowledgment of advances.

24. An officer holding a permanent advance will, on the first office-day after the 31st March of each year, send to the circle paymaster, an acknowledgment that the amount is due from, and remains to be accounted for by, him.

Correspondence and Returns.

[Section 18.]

CORRESPONDENCE—*continued.*

I.

25. A postage account book will be kept in each station hospital on B. F. Nos. 174 and 175, shewing the particulars of receipt of stamps and of letters despatched, and the value of labels expended. Postage account book.

26. All statements, returns, &c., having reference to pay and other charges, and all correspondence connected therewith, will be addressed as indicated below:— Correspondence with officers of the audit department.

Authority to draw increased rates of pay, and questions connected with rates of pay and charges to be brought forward in pay lists, and other disbursement statements; replies to objections; authority to bring forward charges, &c.;

The Examiner, Pay Department, Calcutta.

Contingent bills requiring pre-audit and correspondence connected with such bills;

The Examiner, Pay Department, Calcutta; or

The Examiner, Clothing Accounts, Calcutta; or

The Examiner, Commissariat Accounts, Calcutta; or

The Examiner, Medical Accounts, Calcutta,

as the case may be.

27. All documents forwarded by post will be properly packed and secured against injury or damp during transit. Wax-cloth, when necessary, will be used as an inside covering only, an outer covering of paper being employed on which the address will be written and the postage stamp affixed. Packing.

28. Service postage labels for official correspondence will be supplied to the medical officer in charge of native corps by the officer commanding, to whom they will account for all labels expended. Supply of Stamps.

29. Official covers, superscribed "On Her Majesty's Service," will be received by the officer to whom they are addressed, even if insufficiently stamped, or when the superscription is in other respects imperfect. Covers insufficiently stamped.

30. Postage bearing on account of letters or other documents sent insufficiently paid or improperly addressed will be recovered, when possible, from the officer by whom they were despatched. When this cannot be done, the sum will be debited to the state. Recovery of postage.

31. Post copies of telegrams will be sent only when the message contains many figures, when it is in cypher, when it is for England or beyond sea, and when the despatching officer considers it desirable to send a post copy in any particular case. Post copy of telegrams.

32. Whenever state telegrams are necessary, it will be stated on the form whether the telegram is a "Deferred" or "Urgent" one. As a general rule deferred messages will be adopted, urgent telegrams being only forwarded under exceptional circumstances when the information is of an urgent nature, or an immediate reply is required. Form of telegrams.

Section 18.]

Correspondence and Returns.

I, II, & III.

GENERAL RULES—STATISTICAL RETURNS.

Abbreviated
addresses.

33. The following abbreviated addresses for state telgerams will be used :—

<i>Full official address.</i>	<i>Code designation.</i>
Adjutant-General of the Army	Adj. Gl.
Commander-in-Chief, India	Chief.
Commissary of Ordnance	Arsenal.
Commissary-General	Comy. Gl.
Commissariat Officer, or Executive Commissariat Officer	Comt.
Director General of Post Offices	D. G. Post.
Executive Engineer	Ex. Engr.
Lieutenant-Governor	Lt. Govr.
Military Secretary to Commander-in-Chief in India	M. S. Chief.
Military Secretary to Viceroy	M. S. G. G.
Officer in charge of Treasury or Treasury Officer	Treasury.
Postmaster	Post.
Postmaster-General	Post Gl.
Private Secretary to Viceroy	P. S. G. G.
Quartermaster-General of the Army	Q. M. Gl.
Secretary of State for India	Secretary.
Ditto ditto War	War.
Secretary to Government of India, Military De- partment	Military.
Surgeon-General, Her Majesty's Forces	Hospitals, Army.

Prefix
designations.

34. Prefix designations which may be used in combination with any of the preceding :—

Assistant	Asst.
Deputy	Dy.
Head	Hd.
Officiating	Offg.
Officer in charge of office	Office.
Secretary	Secy.

Instructions for
wording
telegrams.

35. Service telegrams will contain the date and place of despatch in the body of the message. If a telegram is repeated to other officials, this fact will also be stated in the message. and the names of the person or persons to whom sent will be recorded.

II.—General Rules.

Appeals against
retrenchments.

36. The procedure to be observed in reference to appeals against retrenchments made by the pay department, is laid down in the Bengal army regulations.

List of returns.

37. The several returns required to be submitted in connection with the military-medical service are given in appendix XLI.

Returns for
commanding
officers.

38. All authorised returns required by regiments from station or regimental hospitals, will be sent to officers commanding corps by medical officers in charge.

III.—Statistical Returns.

Sickness how
accounted.

39. All cases of sickness will be shown in statistical returns, whether the individuals are treated in a general, station, regimental

Correspondence and Returns.

[Section 18.]

STATISTICAL RETURNS—continued.

III.

or in a non-dieted hospital, or, owing to local circumstances, are under treatment in barracks. Care will be taken that patients received from other hospitals, or from on board ship, and invalids, convalescents, &c., sent from their regiments to other hospitals for further treatment, are not entered in any returns as fresh admissions, but as transfers, in the proper column.

40. In the case of British corps, one set of returns only will be required from each station, in which will be incorporated the sickness and mortality of all the troops in the garrison, including officers, women and children. At stations where sections of a station hospital are opened, the information required to complete the records will be transmitted to the medical officer in charge of the station hospital by means of a medical certificate, M. H. B. 3. For station hospitals.

41. The diseases will be designated by the terms used in the authorised nomenclature. Diseases how termed.

42. The average strength of commissioned, warrant and non-commissioned officers, men, women and children in all returns and reports, will be stated in nearest whole numbers ; decimals or fractions will not be used. Average strength.

43. Troops landing at Bombay for the Bengal command, will begin the record of their Indian statistics on the day they disembark. The place and date of disembarkation, and, subsequently, the name of—and date of—arrival at any station in the command will be entered in each soldier's medical history sheet, M. H. F. 74. Troops landing at Bombay.

44. While in the Bombay presidency the statistical returns will be furnished to the surgeon-general, Her Majesty's forces, of that command. Bombay returns.

45. Troops arriving at Bombay, or transferred from other commands, will, on arrival at the boundary line, *viz.*, *Khundwah* on the Jubbulpore route, the *Parbutty River* on the Indore route, and *Mooltan* on the Indus route, open a fresh set of returns for the Bengal presidency ; the returns for the other presidencies will be closed on the day previous to that on which the troops cross the boundary line. Cases of sickness brought with them will be shown as "transferred from other hospitals." Troops transferred from other commands.

46. In the case of corps transferred from Madras or Bombay to Bengal, or *vice versa*, and proceeding by sea, the statistics for the last command will be closed on the date of embarkation, and those for the new command commenced on that of disembarkation, the sickness for the period passed on boardship being accounted for on A. F. B182, which, together with all medical documents relating to the period in question, will be forwarded to the surgeon-general of the presidency to which the troops are proceeding. Troops proceeding by sea.

47. Medical history sheets will be kept up for all warrant and non-commissioned officers and soldiers, hospital-attendants of the army hospital native corps, and attested followers, including drivers of royal artillery and lascars of the ordnance department. Medical history sheets.

Section 18.]

Correspondence and Returns.

III.

STATISTICAL RETURNS—*continued*.

Transfer of
medical history
sheet.

48. Whenever a soldier is sent to a hill dépôt, military prison, asylum, or on detached duty for a period likely to exceed one month, the circumstance will be noted in his medical history sheet, which will accompany him.

Transfer of
medical history
sheet of
unattached men

49. On the transfer of a soldier to the unattached list for service in any government department or office, or to a government college as a military student, his medical history sheet will be attached to the other regimental records and a copy retained by the medical officer in charge.

Medical history
sheets of
casualties.

50. Medical history sheets, M. H. F. 74, of non-effectives will be disposed of as follows:—

In case of death—They will be attached to the weekly return of sick in which the man's death is shown.

In case of invaliding—They will be attached to the invaliding documents.

In all other cases—They will be forwarded, duly completed, to the officer commanding the corps, or head of the department, for disposal.

Admission and
discharge book.

51. An admission and discharge book, M. H. B. I., will be kept in every hospital for British and native troops, and for each military prison in which will be entered every case placed on the sick list. A separate book, distinct from that for warrant and non-commissioned officers and soldiers, will be kept for commissioned officers, women and children.

Serial number-
ing.

52. The numbers will be continuous for each year; when the year has closed, a blank space will be left, and a fresh numerical series will be commenced for the following year; when a book has been filled up, a new book will be taken into use, the series of numbers for the year being carried on continuously.

Patients
admitted with
more than one
disease.

53. When a patient admitted for one disease is attacked by another unconnected with the former, and before recovery from it, a fresh admission will be recorded for the second disease, and a note entered in the discharge column of the first, referring to the new number under which the case has been entered, thus (See No.—).

Surgical
operations.

54. All surgical operations will be shown under the headings of the diseases which necessitated the operations.

Ligature of
arteries.

55. In cases of ligature of arteries or other operations by which the injured or diseased parts are not removed, the discharge column under original injury or disease, will not be filled up until the termination of the case under that heading; but a note will be added referring to the number under which the admission for operation may have been recorded.

Post-mortem
observations.

56. In the case of a man admitted for a disease, which further observation or *post-mortem* examination may prove to have been so entered through an error in diagnosis, that disease will be erased

Correspondence and Returns.

[Section 18.]

STATISTICAL RETURNS—*continued*.

III.

and the correct record substituted, so that the case may continue under the original number and only one admission be reckoned for it.

57. The duration of each case will be recorded in days, and if less than a day, in hours or fractions of a day. Duration to be recorded in days.

58. The column for observations will contain briefly the circumstances in or by which the disease was induced; and in case of death, the *post-mortem* appearances very briefly stated; where cases have been recorded in the case book, the reference number will be given. Remarks.

59. In cases of deaths '*out of hospital*' the particulars will be entered in *red ink* after the last admission recorded in the book up to date, but no continuous number will be given, and such cases will not be included among the admissions in any return. Deaths out of hospital.

59a. The sickness of warrant officers and that of native commissioner officers will be incorporated with that of non-commissioned officers and soldiers. Warrant officers.

59b. Sick women and children, not admitted into hospital, will also be entered in the admission and discharge book, and accounted for in the annual and weekly returns. Women and children.

59c. Medical officers will notice in the remarks of the weekly and annual returns of sick, all cases of death by suicide and of injuries, self-inflicted, with suicidal intent, the supposed motive, or presumed motive, being in each case given, as well as the mode of suicide or method by which the injuries were inflicted. Return of suicides, and attempted suicides.

59d. In every instance of attempted suicide, the corps and name of the individual, the completed years of age and service, and the result of the case, whether by "discharge to duty," "discharge from the service," or "remaining in hospital," will be stated in the returns.

59e. Officers commanding, when furnishing the annual nominal return of deaths and invaliding, on A. F. B 119, required by paragraph 81A, will insert the supposed motive, as well as the mode of death in cases of suicide.

Weekly Returns.

60. A weekly return of sick made up to 12 o'clock (midnight) each Friday, will be rendered to the deputy surgeon-general for transmission to the surgeon-general, by the medical officer in charge of every hospital, whether it is a general, station, regimental, detachment, or a non-dieted hospital. Weekly return.

61. In the event, however, of the last Friday of the year not falling on the 31st December, the last weekly return will be made up for the remaining days of the year, and the succeeding return will be made up for the period from the 1st January to the first Friday of the new year. To close at end of year.

62. When British troops leave a station, a fresh set of Troops on the march.

Section 18.]

Correspondence and Returns.

III.

STATISTICAL RETURNS—*continued*.

returns will be rendered during the period the corps is on the line of march. This series will be closed on the arrival of the corps at its destination.

Diseases undiagnosed.

63. A case which cannot at the time be entered under any specific disease will be recorded in the weekly return as "not yet diagnosed." It will be specially noticed in the remarks so long as it is thus recorded, and when the disease is ascertained, the case will be entered as a fresh admission, its disposal being noticed in the remarks. Should no disease be detected, the patient should be discharged and the case entered as "no appreciable disease."

Strength.

64. Officers commanding corps, will send a statement of the daily strength to the medical officer in charge of the hospital each Friday afternoon; and this statement will include the strength of all effective troops at outlying stations, whose sick are sent to the hospital for treatment.

Remarks.

65. In the remarks appended to the weekly return, the medical officer will notice the more important diseases, especially infectious fevers, and describe their distribution amongst the different corps sending sick to the hospital.

Post-mortem examination.

66. The appearances found at the *post-mortem* examination will be detailed in the remarks of the weekly return in which a death is reported, and a copy of the casualty report, M. H. F. 72, will accompany the return.

Diseases wrongly diagnosed.

67. When it is found that the disease of a man admitted into hospital in a preceding week has been wrongly diagnosed, the case will be entered in the proper column of the weekly return as "discharged otherwise," and a fresh entry will be made for it in the column for admissions. No second entry for this case, however, will be made in the admission and discharge book, but the first and erroneous designation of the disease will be crossed out, and the correct one inserted above it in red ink.

Fresh disease supervening.

68. Should another disease supervene on that for which a man was admitted, the original case will be shown in the column for "discharged otherwise," and a fresh admission for the new disease will be made, both in the return and in the admission and discharge book. Every such instance will be noticed in the remarks of the weekly return.

Average daily sick.

68a. The average daily sick will be calculated from the admission and discharge book; the average number of men detained for the day, and the average number of convalescents will be shown separately in the weekly returns, and in native troops the average number of men with "Lines leave" will be shown.

Annual Returns and Reports.

Annual return.

69. Every medical officer in charge of a station hospital, of a regiment or detachment of British troops on the march, of a corps, or

Correspondence and Returns.

[Section 18.]

STATISTICAL RETURNS—*continued.*

III.

wing of native troops, on the 31st December, will furnish an annual return of sick for the period from 1st January to 31st December. As the permanent records of the sickness of the army will be contained in these returns, the responsible medical officers will endeavour to make them as accurate as possible in every particular.

70. In the case of native troops, the sickness of all detachments will be shown in the head-quarters return. Detached wings, however, will prepare separate returns and reports. Sickness of detachments.

71. The medical officer in charge of British troops proceeding from one station to another, whether by route-marching or railway, will forward, in addition to the usual weekly sick return, M. H. F. 45, an annual return of sick and wounded, M. H. F. 10, for the period the troops were absent from their station. In the case of troops moving during any portion of two separate years, separate returns will be required for the period in each year. Troops moving.

72. No admission will appear in an annual return of sick as “not yet diagnosed,” as sufficient time will always have elapsed between the date of admission and the completion of the annual returns to ascertain the disease with exactness, or to class the case as one of “no appreciable disease,” should observation justify the use of this term. Disease to be classified.

73. The medical officer in charge of a station hospital which may be closed in consequence of the removal of the troops from the station, will transmit an annual return showing the sickness and mortality from 1st January to the date on which the hospital was closed. When hospitals are closed.

74. The medical officer in charge of each station hospital and of each regiment or wing of native troops will forward, with each copy of his annual return of sick and wounded, a report of medical transactions and prevailing diseases. The report will be prepared on foolscap paper, on one side only, with quarter margin for binding, each separate section being indicated by a reference heading in the margin. All cases of wounds in action, injuries—homicidal, self-inflicted and judicial—will be specially noticed. Report of medical transactions.

75. The facts connected with enteric fever should be noted at the time, and summarised in the annual report of medical transactions in such a way as to afford a brief medical history of the disease for the year in question. The information should include the names, ages and dates of attack of every case in chronological order; their connection (if any) with any common condition, such as occupation of some barrack-room, sources and purity of water, milk and food-supply; and, in the case of British troops, the dates of their arrival in India. Report on enteric fever.

76. The object of the report of medical transactions and prevailing diseases being to afford a history of the professional work performed in every hospital in these respects, medical officers will Instructions for drawing up annual report.

Section 18.]

Correspondence and Returns.

III.

STATISTICAL RETURNS—*continued*.

specially, but briefly, detail all cases possessing any clinical, pathological, or therapeutical features of interest; comment on the respective groups or classes of disease, indicating their causes or supposed causes, the line of treatment adopted, and the morbid appearance exhibited in fatal cases; and call attention to such results of observation and experience as may be likely to afford practical interest or guidance in the diagnosis or treatment of diseases, or their prevalence or modification by climatic peculiarities or other causes.

Sanitary report. 77. Instructions regarding the preparation of annual or special sanitary reports are given in appendix XLII.

Sanitary sheet. 78. Medical officers in charge of native corps will forward with their annual returns and reports, a sanitary sheet, M. H. F. 12.

General medical and sanitary report. 79. Deputy surgeons-general will forward, with the station hospital and regimental annual returns of sick, a general medical and sanitary report on the health of the troops. This report will be brief, clear, and to the point, dealing with those matters only which require notice, or on which action has been, or will have to be, taken.

Subjects to be included in general report. 80. This report will be written on foolscap paper, half-margin, and will include the following subjects, and in the following order:—

- a. Composition of the force.
- b. General health conditions.
- c. Health of troops, illustrated by reference, when necessary, to the tables in the annual returns.
- d. Epidemics.
- e. Enteric fever.
- f. Character of other diseases calling for remark.
- g. Venereal, and working of lock-hospitals.
- h. Sanitary state and lighting of barracks, huts, camps, forts, military prisons and cells, recreation rooms, &c.
- i. Sanitary state and lighting of hospitals.
- j. Rations and cooking arrangements.
- k. Canteens, coffee-shops and supplies.
- l. Clothing and bedding.
- m. Water-supply.
- n. Drainage and sewerage.
- o. Gymnasia.
- p. General observations on any other points of interest or importance.

Dates of submission of annual returns and reports.

81. The annual return and reports will be forwarded to the surgeon-general not later than the 31st of January of the succeeding year.

Correspondence and Returns.

[Section 18.]

STATISTICAL RETURNS—*concluded.*

III & IV.

Field Service Returns.

82. The medical officer in charge of a hospital, whatever may be its designation, will furnish a weekly return on M. H. F. 44 to the principal medical officer, commencing on the day the troops take the field, and continuing until the operations have terminated, or the hospital is closed. A copy of this return will be transmitted by the medical officer to the surgeon-general direct. Weekly return.

83. The principal medical officer will prepare a weekly statement of sick, M. H. F. 43, and transmit the same to the general officer in command. Weekly state.

84. The medical officer attached to a corps or detachment will forward to the principal medical officer, as soon as possible after an action, a nominal return of officers, non-commissioned officers and men who have received wounds or injuries in battle. In this return the kind of wound received and its degree of severity will be described as accurately and briefly as possible. Return of wounded after an action.

85. The principal medical officer of an army in the field will furnish to the surgeon-general a special return for British troops, exhibiting the sickness, casualties in action, invaliding and other loss accruing to the force during its employment, from the commencement to the termination of the field service, on M. H. F. 44, the necessary alterations being made in manuscript, with which also will be the details as to age and service as required in tables 4 and 9 of M. H. F. 8. General return.

86. The principal medical officer of an army in the field will furnish, on the termination of the service, a general report in duplicate of the medical history of the war. This report will be written on foolscap paper, with half margin, in which the title of the subject will be entered opposite the paragraphs. General report.

IV.—Disposal of Records.

86a. Officers commanding regiments of British cavalry and infantry, batteries of royal artillery, and companies of royal engineers, will forward two copies of the nominal return of deaths and invaliding, A. F. B. 119, to the deputy surgeon-general of the division or district for transmission to the surgeon-general, Her Majesty's forces, as soon as possible after the 1st January of the year following that for which the return is due, or on the departure of a corps in the case of troops proceeding home before the end of the year. Nominal return of deaths and invaliding.

87. When records, to which reference is seldom made have unduly accumulated, and the medical officer in charge is satisfied that their further retention is undesirable, he will forward to the deputy surgeon-general a return prepared on M. H. F. 75, for the orders of the surgeon-general. Return.

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Correspondence and Returns.

IV.

DISPOSAL OF RECORDS—*concluded*.

Destruction.

88. All unserviceable records will, with the sanction of the surgeon-general, be destroyed by fire in the presence of the medical officer in charge.

Pay and commissariat returns.

89. As a rule, commissariat and pay department returns will not be reported useless until three years have elapsed since the date of the document.

Field service returns.

90. On the breaking up of a division or column employed on field service, the office records of principal medical officers will be sent to the surgeon-general as soon as possible after the completion of the several returns and reports required. The records of field and general hospitals will be disposed of in accordance with the instructions contained in paragraphs 88-9.

[NOTE.—Sections and paragraphs to be quoted, and not pages.]

APPENDICES

TO THE

MEDICAL REGULATIONS, HER MAJESTY'S FORCES,
BENGAL.

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APPENDIX II.

See section 5.
paragraph 23.

ARMY ACT, 1881.

Sections 7 to 9.

Mutiny and Insubordination.

7. Every person subject to military law who commits any of the following offences, that is to say,—

- I. Causes or conspires with any other persons to cause any mutiny or sedition in any forces belonging to Her Majesty's regular reserve, or auxiliary forces, or navy; or
- II. Endeavours to seduce any person in Her Majesty's regular reserve, or auxiliary forces, or navy, from allegiance to Her Majesty, or to persuade any person in Her Majesty's regular reserve, or auxiliary forces, or navy, to join in any mutiny or sedition; or
- III. Joins in, or being present does not use his utmost endeavours to suppress, any mutiny or sedition in any forces belonging to Her Majesty's regular reserve, or auxiliary forces, or navy; or
- IV. Coming to the knowledge of any actual or intended mutiny or sedition in any forces belonging to Her Majesty's regular reserve, or auxiliary forces, or navy, does not without delay inform his commanding officer of the same, shall, on conviction by court-martial, be liable to suffer death, or such less punishment as is in this act mentioned.

8. Every person subject to military law who commits any of the following offences, that is to say,—

Strikes, or uses, or offers, any violence to his superior officer, being in the execution of his office, shall, on conviction by court-martial, be liable to suffer death or such less punishment as is in this act mentioned; and every person subject to military law who commits any of the following offences, that is to say,—

Strikes, or uses, or offers, any violence to his superior officer, or uses threatening or insubordinate language to his superior officer, shall, on conviction by court-martial, if he commits such offence on active service, be liable to suffer penal servitude, or such less punishment as is in this act mentioned; and, if he commits such offence not on active service, be liable, if an officer, to be cashiered, or to suffer such less punishment as is in this act mentioned; and, if a soldier, to suffer imprisonment, or such less punishment as is in this act mentioned.

9. Every person subject to military law who commits the following offence, that is to say,—

Disobeys in such manner as to show a wilful defiance of authority any lawful command given personally by his superior officer in the execution of his office, shall, on conviction by court-martial, be liable to suffer death, or such less punishment as is in this act mentioned; and every person subject to military law who commits the following offence, that is to say,—

Disobeys any lawful command given by his superior officer, shall, on conviction by court-martial, if he commits such offence on active service, be liable to suffer penal servitude, or such less punishment as is in this act mentioned; and, if he commits such offence not on active service, be liable, if an officer, to be cashiered, or to suffer such less punishment as is in this act mentioned; and, if a soldier, to suffer imprisonment, or such less punishment as is in this act mentioned.

Dress of Hospital Assistants.

[Appendix III.]

APPENDIX III.

Dress of Hospital Assistants.

Patrol Jacket.—Single breasted, blue serge (native officers), hooked at the neck ; edged all round (collar and cuffs excepted) with one inch black braid, and fastened down the front with hooks and eyes. The collar edged round with quarter-inch black braid. A gold square cord loop with small gilt button on each shoulder. The cuffs ornamented with half-inch gold lace in rings—one ring for 3rd class, two rings for 2nd class, and three rings for 1st class hospital assistants, showing half-inch of serge between each ring ; the lowest ring to be 2 inches from the edge of the cuff. See section 5, paragraph 149.

Buttons.—Gilt, Crown and laurel with Imperial Cypher (V.R. and I).

Departmental badge.—A gold embroidered circle, enclosing within a Geneva Cross worked in red upon a white ground, diameter of badge 1 inch. To be worn at each end of the collar of patrol jacket (serge and drill).

Trousers.—Blue serge (native officers), with scarlet stripe one inch wide down outward side seams.

Puggri.—Dark blue cotton with 4 inches gold work and 2 inches gold fringe at each end, one end showing when worn.

Great Coat.—Infantry native officer's pattern.

Boots.—Ammunition.

Shoes.—Ordinary English pattern.

Breeches and Gaiters.—Regimental pattern for hospital assistants doing duty with mounted corps.

Summer Patrol Jacket.—Khakee-dyed American drill, same shape as serge jacket, perfectly plain, and with gold shoulder loops, and departmental badges.

Summer Trousers.—Khakee-dyed American drill.

Sword and Belt.—On field service.

Warrant of Commitment.

Warrant of Commitment.

See section 6,
paragraph 53.

And whereas the said _____ court-martial, on the _____ day of _____, 18_____, passed the following sentence upon the said (Name); that is to say,—

And whereas the said sentence has been duly confirmed (if there is any mitigation of the sentence, such mitigation must be noticed thus:—to the extent of _____ by (Rank and Name) commanding _____ and the said (Name) is herewith transmitted to you to undergo the same.

Now these are to require and authorise you to receive the said (*Name*) into your custody, and inflict upon him the said sentence of imprisonment with hard labour for _____ reckoned from the day on which the said sentence was passed.

Given under my hand at _____, this the _____
day of _____, 18 _____.

(To be signed by the confirming officer of a detachment, or summary court-martial; or by the staff officer of the division, district, or station, if the trial has been by general or district court-martial.)

Descriptive Roll to accompany warrant of commitment.

Roll of a hospital-attendant of the army hospital native corps who has been sentenced to imprisonment.

Station _____ Date _____

	Hospital
	Class, name, and number.
	Crime.
	Sentence.
	When and where tried.
	Whether he can read and write.
	Single, married, or widower.
	Former occupation or trade.
	Whether before convicted, and how often.
	Character and behaviour.
	<div>Years.</div> <div>Months.</div>
	<div>Feet.</div> <div>Inches.</div>
	Complexion.
	Color of eyes.
	Whether he has any particular mark.

Certificate of articles lost or damaged.

[Appendix V.

APPENDIX V.

Certificate of articles lost or damaged belonging to the Army Hospital Native Corps under my command.

Description of articles.	Date of issue.	Date of loss or damage.	Circumstances attending loss or damage.	Condition in which found, and value.	If repairable, the probable cost of such repairs.			Remarks by the officer commanding as to whether any party or parties are to blame for the loss or damage.
					Rs.	A.	P.	

Station _____
Dated _____ 188 .
Medical Officer Commanding Section A. H. N. C.

See section 6, paragraph 94.

List of Poisons, and Scale of Ambulance Transport. [Appendices]VII & VIII.

APPENDIX VII.

List of Poisons.

Aconite and its preparations.	Ergot of rye and its preparations.	See section 8, paragraph 74
Arsenic and its preparations.	Indian hemp and its preparations.	
Belladonna and its preparations.	Lunar caustic.	
Cantharides.	Opium and all preparations of opium or poppies.	
Caustic potash.	Prussic acid.	
Carbolio acid.	Savine and its oils and ointment.	
Chloral hydrate.	Strong mineral acids.	
Chloride of zinc.	Strychnine.	
Chloroform.	Tartar emetic.	
Conium and its preparations.		
Corrosive sublimate.		
Croton oil.		

APPENDIX VIII.

Scale of Ambulance Transport for Troops in Cantonments.

See section 8, paragraphs 97 and 154.

CORPS.				Cantonment ambulance (4-wheeld) to hold 12 men.	Doolies.	Dandies (ordinary pattern).	Jampans.
<i>British Troops</i>							
Battery of Royal Artillery	{	Horse	...	1 per hospital on the plains of 50 beds or fraction thereof, and for each 50 additional beds or fraction thereof.	1	..	..
		Field	...		1	..	..
		Garrison	...		1	..	..
		Heavy	...		1	..	..
		Mountain	{		Plains	1	..
Hills	1				2	..	
Regiment of ...	{	Cavalry	...		2	..	..
		Infantry	{		Plains	2	..
Hills	2				..	..
Company of Royal Engineers		...	1		..	..
Hill Depôts ...	{	1st class	...	1	..	2	
		2nd class	...	1	..	1	
Garrison Dispensary, Fort William		...	1	1	..	..
<i>Native Troops.</i>							
Regiment of ...	{	Cavalry	...	...	1	..	..
		Infantry	...	...	1	..	..
Detached wing of Cavalry or Infantry		...	...	1	...	..
Detachment or dépôt equal in strength to a wing		...	...	1	...	..
Detached company of sappers and miners		...	...	1	..	..
Battery of Mountain Artillery		...	...	1	...	..
Station staff hospitals ...	{	Peshawar	...	...	1	...	..
		Rawal Pindi	...	...	1	...	..
		Ludianah	...	...	1	...	..
Each of the Doaba Outposts ...		...	...	1	...	..

Appendix IX.] Dietary.

APPEN

TABLE OF DIETS FOR HOSPI
ARTICLES COMPRISING THE DIFFER
AVOIRDUPOIS

See section 9, paragraph 1.

Infant.	Spoon.	Tea.	Beef-tea.	Low-Milk.	Milk.
Milk ... 1½ pts. Sugar ... 1½ ozs. Bread ... 6 ozs. Wood ... 2 lbs.	Sago... 2 ozs. Tea ... ½ oz. Sugar. 2¼ ozs. Milk... 6 ozs. Wood. 4 lbs.	Bread ... 8 ozs. Tea ... ¾ oz. Sugar ... 3 ozs. Milk ... 9 ozs. Arrowroot 4 ozs. Wood 4 lbs.	Bread... 1 lb. Tea ... ½ oz. Sugar... 1½ ozs. Milk ... 6 ozs. Beef ... 12 ozs. Salt ... 6 drs. Pepper ½ dr. Wood... 4 lbs.	Arrowroot ... 3 ozs. Milk ... 1½ pts. and 6 ozs. for Tea. Sugar ... 3 ozs. including ¾ oz. for Tea. Tea ... ½ oz. Chicken, alive 1 lb. Bread ... 4 ozs. Salt ... 6 drs. Pepper ... ½ dr. Wood ... 4 lbs.	Bread ... 12 ozs. Rice ... 2 ozs. Milk ... 2 pts. and 6 ozs. for Tea. Butter ... ½ oz. Sugar ... 2¼ ozs. including ¾ oz. for Tea. Tea ... ½ oz. Wood ... 4 lbs.
				Note.—Sago may be used in lieu of Arrowroot in the proportion of 2 ozs. Sago to 1 oz. of Arrowroot.	Note.—4 ozs. of Soojee may be used in lieu of Rice.

BREAK

Infant.	Spoon.	Tea.	Beef-tea.	Low-Milk.	Milk.
Milk ... 10 ozs. Sugar ... ½ oz. Bread ... 2 ozs.	Tea ... 1 pt. Sugar.. ¾ oz. Milk... 3 ozs.	Tea ... 1 pt. Bread ... 3 ozs. Sugar ... ¾ oz. Milk ... 3 ozs.	Tea ... 1 pt. Bread... 4 ozs. Sugar... ¾ oz. Milk ... 3 ozs.	Tea ... 1 pt. Arrowroot in ... 1 oz. Jelly ... 1 oz. or Sago in Jelly ... 2 ozs. Sugar ... ¾ oz. Milk ... ½ pt.	Tea ... 1 pt. Milk ... 1 pt. Bread ... 4 ozs. Sugar ... ¾ oz.

DIN

Infant.	Spoon.	Tea.	Beef-tea.	Low-Milk.	Milk.
Milk ... 10 ozs. Sugar ... ½ oz. Bread ... 2 ozs.	Sago in Jelly... 2 ozs. Sugar... ¾ oz.	Tea ... 1 pt. Bread ... 3 ozs. Sugar ... 1½ ozs. Milk ... 3 ozs. Arrowroot in Jelly 4 ozs.	Beef-tea... 1 pt. Bread ... 8 ozs.	Arrowroot in Jelly ... 1 oz. or Sago in Jelly ... 2 ozs. Sugar ... 1½ ozs. Milk ... ½ pt. Chicken Soup... 1 pt. Bread ... 4 ozs.	Rice ... 2 ozs. Milk ... 1 pt. Sugar ... ¾ oz. } In Milk Rice. Bread ... 4 ozs. Soojee in lieu of Rice ... 4 ozs.

SUP

Infant.	Spoon.	Tea.	Beef-tea.	Low-Milk.	Milk.
Milk ... 10 ozs. Sugar ... ½ oz. Bread ... 2 ozs.	Tea ... 1 pt. Sugar. ¾ oz. Milk... 3 ozs.	Tea ... 1 pt. Bread ... 2 ozs. Sugar ... ¾ oz. Milk ... 3 ozs.	Tea ... 1 pt. Bread... 4 ozs. Sugar... ¾ oz. Milk ... 3 ozs.	Tea ... 1 pt. Arrowroot in Jelly ... 1 oz. or Sago in Jelly... 2 ozs. Sugar ... ¾ oz. Milk ... ½ pt.	Tea ... 1 pt. Bread ... 4 ozs. Butter ... ½ oz.

Note.— In all diets containing meat, the quantities stated are meant to be exclusive of

DIX IX.

TALS OF BRITISH TROOPS.

ENT HEADS OF DIET FOR A DAY.

WEIGHT.

Chicken.	Low with Pudding.	Low.	Half.	Fish.	Full.
Chicken, alive* ... 1 lb. Bread ... 12 ozs. Tea ... $\frac{1}{2}$ oz. Sugar ... $1\frac{1}{2}$ ozs. Milk ... 6 ozs. Butter ... 1 oz. Salt ... 6 drs. Barley ... $\frac{1}{2}$ oz. Flour ... $\frac{1}{2}$ oz. Onions ... 1 oz. Pepper ... $\frac{1}{3}$ dr. Wood ... 4 lbs. For Custard Pudding. Milk ... 1 pt. Sugar ... 1 oz. Eggs ... No. 2 Spice Powder 15 grs. * Or Chicken broiled, the same as above, with the addition of Butter 1 oz., in lieu of Barley, Flour, and Onions.	Mutton. 8 ozs. Bread ... 12 ozs. Tea ... $\frac{1}{2}$ oz. Sugar... $1\frac{1}{2}$ ozs. Milk ... 6 ozs. Butter... $\frac{1}{2}$ oz. Onions .. 1 oz. Barley... $\frac{1}{2}$ oz. Flour ... $\frac{1}{2}$ oz. Salt ... 6 drs. Pepper... $\frac{1}{3}$ dr. Wood ... 4 lbs. For Rice Pudding. Rice ... 2 ozs. Milk ... $\frac{3}{4}$ pt. Sugar... $\frac{3}{4}$ oz. Eggs ... No. 2 Spice Powder 15 grs.	Mutton... 8 ozs. Bread ... 1 lb. Tea ... $\frac{1}{2}$ oz. Sugar ... $1\frac{1}{2}$ ozs. Milk ... 6 ozs. Butter ... 1 oz. Onions ... 1 oz. Barley ... $\frac{1}{2}$ oz. Flour ... $\frac{1}{2}$ oz. Salt ... 6 drs. Pepper... $\frac{1}{3}$ dr. Wood ... 4 lbs.	Mutton* ...10 ozs. Bread ... 1 lb. Potatoes... 8 ozs. Tea ... $\frac{1}{2}$ oz. Sugar ... $1\frac{1}{2}$ ozs. Milk ... 6 ozs. Butter ... 1 oz. Onions ... 1 oz. Barley ... $\frac{1}{2}$ oz. Flour ... $\frac{1}{2}$ oz. Salt ... 6 drs. Pepper ... $\frac{1}{3}$ dr. Wood ... 4 lbs. * Or half grilled or fried; the same as above, with the addition of Butter 1 oz. in lieu of Barley, Flour, and Onions.	Fish* ...8 ozs. Bread ...1 lb. Potatoes8 ozs. Tea ... $\frac{1}{2}$ oz. Sugar... $1\frac{1}{2}$ ozs. Milk ...6 ozs. Butter...2 ozs. Salt ...6 drs. Wood ...4 lbs. *The quantity of Fish will be exclusive of the head and back- bone; when the latter is taken, 1 oz. more in weight will be allowed.	Meat, either Beef or Mutton ... 12 ozs. Bread ... 1 lb. Potatoes ... 12 ozs. Tea ... $\frac{1}{2}$ oz. Sugar ... $1\frac{1}{2}$ ozs. Milk ... 6 ozs. Butter ... 1 oz. Onions ... 1 oz. Barley ... $\frac{1}{2}$ oz. Flour ... $\frac{1}{2}$ oz. Salt ... 6 drs. Pepper ... $\frac{1}{3}$ dr. Wood ... 4 lbs. <i>Note.</i> —The meat may be roasted, fried, or grilled, in place of being boiled. In such cases the diet will be marked “Full varied,” and Butter 1 oz. will be allowed in lieu of Flour, Barley, and Onions.

FAST.

Chicken.	Low with Pudding.	Low.	Half.	Fish.	Full.
Tea ... 1 pt. Bread ... 2 ozs. Butter ... $\frac{1}{2}$ oz.	Tea ... 1 pt. Bread ... 3 ozs. Butter... $\frac{1}{2}$ oz.	Tea ... 1 pt. Bread ... 4 ozs. Butter ... $\frac{1}{2}$ oz.	Tea ... 1 pt. Bread ... 6 ozs. Butter ... $\frac{1}{2}$ oz.	Tea ... 1 pt. Bread... 6 ozs. Butter.. $\frac{1}{2}$ oz.	Tea ... 1 pt. Bread ... 6 ozs. Butter ... $\frac{1}{2}$ oz.

NER.

Chicken.	Low with Pudding.	Low.	Half.	Fish.	Full.
Chicken Broth 1 pt. or Chicken Roasted ... 8 ozs. Bread ... 8 ozs. Custard Pudding.	Mutton Broth ... 1 pt. Bread ... 6 ozs. Rice Pudding.	Mutton Broth ... 1 pt. Bread ... 8 ozs.	Mutton Broth 1 pt. or Mutton roasted or fried ...10 ozs. Bread ... 4 ozs. Potatoes ... 8 ozs.	Fish fried 8 ozs. Bread ... 4 ozs. Potatoes. 8 ozs. Butter ... 1 oz	Broth or Soup... 1 pt. or Meat roasted ...12 ozs. Bread ... 4 ozs. Potatoes ...12 ozs.

PER.

Chicken.	Low with Pudding.	Low.	Half.	Fish.	Full.
Tea ... 1 pt. Bread ... 2 ozs Butter ... $\frac{1}{2}$ oz.	Tea ... 1 pt. Bread ... 3 ozs. Butter... $\frac{1}{4}$ oz.	Tea ... 1 pt. Bread ... 4 ozs. Butter... $\frac{1}{2}$ oz.	Tea ... 1 pt. Bread ... 6 ozs. Butter ... $\frac{1}{2}$ oz.	Tea ... 1 pt. Bread 6 ozs. Butter $\frac{1}{2}$ oz.	Tea ... 1 pt. Bread ... 6 ozs. Butter ... $\frac{1}{2}$ oz.

bone; when bone is taken with the meat, one-fourth more in weight will be allowed.

Appendix X.]

Scale of Establishments.

APPENDIX X.

I. Scale of Establishment for British Troops.

See section 10,
paragraph 25.

DESCRIPTION.	ROYAL ARTIL- LERY.		REGI- MENT OF		HILL DEPÔTS.																		
	Company of Royal Engineers.				HILL DEPÔTS.																		
	Battery of horse or field.	Battery of mountain.	Battery of garrison or heavy.	Cavalry.	Infantry.	Darjeeling inclusive of Battery R. A.				Dalhousie.		Kasauli.		Murree.		Chifden.		Landour.		Naini Tal.		Pachmarhi.	
	Summer.	Winter.*	Summer.	Winter.	Summer.	Winter.	Summer.	Winter.	Summer.	Winter.	Summer.	Winter.	Summer.	Winter.	Summer.	Winter.	Summer.	Winter.	Summer.	Winter.	Summer.	Winter.	Fort William.
Mate doolie bearers ...	1	1	1	1	2	2	2	2	2	1	2	1	2	1	1	...	2	1	2	1	1	1	1
Doolie bearers ...	3	3	5	3	6	6	6	6	3	6	3	6	3	3	...	6	3	6	3	3	3	3	3
Women sweepers ...	One for each hospital for soldiers' wives and children.																						

* To be reduced to 1 mate and 3 bearers in the event of the battery being absent during the winter months.

II. Scale of Establishment for each non-dieted Rest-camp Hospital.

Ward-servant, 1st grade	...	...	...	...	1
Cook, 2nd grade	...	...	...	...	1
Sweeper, 2nd grade	...	...	...	...	1
Mate doolie bearers	} When considered necessary by the deputy surgeon-general.	{	1	3	
Ordinary " "					

Scale of Establishments.

[Appendix X.]

APPENDIX X.—continued.

III. Scale of Establishment for Native Troops.

DESCRIPTION.	BATTERY OF MOUNTAIN ARTILLERY.	REGIMENT OF		COMPANY OF SAPPERS AND MINERS, WHEN DETACHED AT A DISTANCE FROM OTHER COMPANIES, OR FROM THE HEAD-QUARTERS OF A CORPS, OR FOR TWO OR THREE COMPANIES WHEN COMPOSING ONE DETACHMENT.	DOABA FORTS.				GARRISON.		CORPS OF GUIDES.									
		Cavalry.	Infantry, or dépôt of greater numerical strength than a wing.		Michnee.	Mackeson.	Shubkudder.	Abazai.	Attock.	Fort Muchee Bhawn.	Viceroy's Body Guard.	Deolee Irregular Force.	Errinpura Irregular Force.	Malwa Bheel Corps.	Maywar Bheel Corps.	Central India Horse.	Bhopal Battalion.	Mhairwarra Battalion.	Cavalry.	Infantry.
Ward-Servants	9	6	6	6	3	...	...	3	3	3	6	4	3	3	24	...
Bhisties ... { Mussulman	...	3	1	...	...	...	...	...	1	...	...	1	1	1	2	1	1	1	1	1
Goorgah ... { Hindoo	...	1	1	...	...	...	...	...	1	...	...	2	1	1	2	1	...	2	1	2
Cooks ... { Brahmin	1	...	...	...	...	...	...	...	...	...	2	1	1	...	...	1	...	1
Head sweeper ... { Mussulman	1	...	...	...	...	...	1	...	...	2	1	1	1	...	...	2	...	2
Sweepers	1	2	...	1	1	1	1	1	1	1	1	2	1	2	1	1	2	1	2
Sirdar doolie bearers
Mate doolie bearers	...	1	1	...	...	...	...	...	1	...	...	1	1	1	2	...	1	1	1	1
Ordinary bearers	...	3	3	...	6	6	6	6	3	...	...	3	3	3	6	4	3	3	24	50
Washerman	1	...	...	...

Appendix X.]

Scale of Establishments.

APPENDIX X.—*concluded.**IV. Scale of Establishment for Station Staff Hospitals.*

DESCRIPTION.					Allahabad.	Cawnpore.	Dum-Dum.	Ferozepore.	Hastings, Calcutta.	Ludianah.	Morar.	Peshawar.	Rawal Pindi.	Umballa.
Ward-servants	...	...	...	...	1	1	1	1	1	...	1	...	1	1
Bhistics	...	...	...	...	1	1	1	2*	1	1	1†	1	1	1
Cook	...	...	...	...	2	1	1	1	2	1	...	...	1	1
Head sweeper	...	...	...	...	...	...	...	1	...	...	...	...	...	...
Sweepers	...	...	...	...	1	1	1	1	1	1	1	1	1	1
Chowkidar	...	...	...	...	...	1	...	...	...	...	...	1	...	...
Mate doolie bearer	...	...	...	...	...	...	...	...	...	1	...	1	1	...
Ordinary ditto	...	...	...	...	...	...	...	...	...	3	...	3	3	...

* 1 Hindoo and 1 Mussalman.

† Rs. 2 per mensem only.

List of authorised medicines.

[Appendix XI.]

APPENDIX XI.

*List of authorised medicines.*See section 11.
paragraph 27.

Acaciæ Gummi.	Extractum Taraxaci.
Acidum Aceticum.	Ferri et Ammoniaë Citras.
„ Carbolicum Glaciale.	„ „ Quiniæ Citras.
„ Citricum.	„ Iodidum.
„ Gallicum.	„ Sulphas.
„ Hydrochloricum Dilutum.	Galla.
„ Hydrocyanicum Dilutum.	Gentianæ Radix.
„ Nitricum.	Glycerinum.
„ Nitro-Hydrochloricum Dilutum.	Glycyrrhizæ Radix.
„ Phosphoricum Dilutum.	Hydrargyri Iodidum Rubrum.
„ Sulphuricum Dilutum.	„ Oxidum Rubrum.
„ „ Aromaticum.	„ Perchloridum.
„ Tannicum.	„ Subchloridum.
„ Tartaricum.	Hydrargyrum Cum Creta.
Ammoniaë Carbonas.	Iodoform.
Ammonii Chloridum.	Iodum.
Antimonium Tartaratum.	Ipecacuanhæ Radicis Pulvis.
Aqua Destillata.	Jalapæ Radicis Pulvis.
Argenti Nitras.	Kamala.
Assafœtida.	Linimentum Camphoræ Compositum.
Atropiæ Sulphas.	„ Opii.
Bismuthi Subnitras.	„ Saponis.
Borax.	„ Sinapis Compositum.
Buchu Folia.	Liquor Ammoniaë.
Calumbæ Radix.	„ Arsenicalis.
Camphora.	„ Epispasticus.
Chirata.	„ Opii Sedativus.
Chloral Hydras.	„ Potassæ.
Chloroformum.	„ Zinci Chloridi.
Chlorodyne.	Magnesiaë Carbonas.
Cinchona Febrifuge.	„ Sulphas.
Cinchonæ Flavæ Cortex.	Morphiæ Acetas.
Cinchonine Sulphate.	„ Hydrochloras.
Cinchonidine Sulphate.	Oleum Anethi.
Collodium.	„ Anisi.
Copaiba.	„ Cajuputi.
Creosotum.	„ Crotonis.
Creta Præparata.	„ Juniperi.
Cubeba.	„ Menthæ Piperitæ.
Cupri Sulphas.	„ Morrhua.
Cusso.	„ Papaveris.
Emplastrum Belladonnæ.	„ Ricini.
„ Cantharidis.	„ Terebinthinæ.
„ Hydrargyri.	Opium.
„ Picis.	Pilula Aloes et Myrrhæ.
„ Resinæ.	„ Ferri Carbonatis.
Extractum Belladonnæ.	„ Hydrargyri.
„ Colocynthis Compositum.	„ „ Subchloridi Co.
„ Ergotæ Liquidum.	„ Rhei Composita.
„ Filicis Liquidum.	„ Scillæ Composita.
„ Gentianæ.	Plumbi Acetas.
„ Hyoscyami.	Podophylli Resina.
„ Nucis Vomica.	Potassæ Acetas.

Appendix XI]

List of authorised medicines.

List of authorised medicines—concluded.

Potassæ Picarbonas.	Tinctura Arnicæ.
„ Chloras.	„ Assafoetidæ.
„ Nitras.	„ Calumbæ.
„ Permanganatis.	„ Camphoræ Composita.
„ Tartras Acida.	„ Canabis Indicæ.
Potassii Bromidum.	„ Capsici.
„ Iodidum.	„ Cardamomi Composita.
Pulvis Cretæ Aromaticus.	„ Catechu.
„ „ „ Cum Opio	„ Cinchonæ Composita.
„ Ipecacuanhæ Compositus.	„ Cinnamomi.
„ <i>Jacobi Veri.</i>	„ Digitalis.
„ Kino Compositus.	„ Ferri Perchloridi.
Quassiæ Lignum.	„ Gentianæ Composita.
<i>Quinetum.</i>	„ Hyoseyami.
Quiniæ Sulphas.	„ Iodi.
Rhei Radicis Pulvis.	„ Kino.
<i>Salicinum.</i>	„ Lavandulæ Composita.
Santoninum.	„ Myrrhæ.
Sarsæ Radix.	„ Opii.
Senegæ Radix.	„ Rhei Composita.
Sennæ Folia.	„ Scillæ.
Soda Tartarata.	„ Zingiberis.
Sodæ Bicarbonas.	Unguentum Hydrargyri.
„ Phosphas.	„ „ Nitratis.
Spiritus Ætheris.	„ Resina.
„ „ Nitrosi.	„ Sabinæ.
„ Ammoniaæ Aromaticus.	„ Sulphuris.
„ Chloroformi.	Uvæ Ursi Folia,
„ Rectificatus.	Vinum Antimoniale.
Strychnia.	„ Colchici.
Sulphur Sublimatum.	„ Ipecacuanhæ.
Syrupus Ferri Iodidi.	„ Opii.
„ <i>Ferri Phosphatis cum Quinia</i>	Zinci Oxidum.
„ <i>et Strychnia.</i>	„ Sulphas.
Tinctura Aconiti.	„ Valerianas
„ Aloes.	

Scale of Surgical Equipment, &c. [Appendix XII.

APPENDIX XII.
Scale of Surgical Equipment, Professional Books, and Codes of Regulations.

ARTICLES.	EUROPEAN.					NATIVE.							Garrison or Staff Dispensary.	
	25 beds and under.	26 and under 50 beds.	50 beds and under 100 beds.	100 beds and over.	Hospital for soldiers' wives and children when separate.	Cavalry.		Infantry.		Battery of artillery or detachment under the strength of a wing.	Hospitals.			
						Full regiment.	Wing.	Full regiment.	Wing.		Station Staff.	Ordnance.		Lock.
SECTION I.—SURGICAL INSTRUMENTS.														
Apparatus, electro-magnetic ...														
“ fracture and dislocation ...	1 |	1 |	1 |	1 |	1 |	1 |	1 |	1 |	1 |	1 |	1 |	1 |	...	
“ hydrocele ...														
“ urinometer ...	1 |	1 |	1 |	2 |	... |	1 |	1 |	1 |	1 |	1 |	... |	... |	...
Aspirators, Dieulafoy's ...														
Bandages for bloodless operations ...														
Bougies, metallic, sets ...	1 |	1 |	1 |	1 |	... |	$\frac{2}{3}$ |	$\frac{1}{6}$ |	$\frac{2}{3}$ |	$\frac{1}{6}$ |	$\frac{1}{6}$ |	$\frac{1}{6}$ |	$\frac{1}{6}$ |	...
“ rectal ...														

One set of 3 for each administrative charge.

See section 11, paragraph 29.

One set of 3 for each administrative charge.

Two for each administrative charge.

One for each station.

One for each station.

Appendix XII.]

Scale of Surgical Equipment, &c.

APPENDIX XII. Scale of Surgical Equipment, Professional Books, and Codes of Regulations—continued.

ARTICLES.	EUROPEAN.				NATIVE.								Garrison or Staff Dispensary.	
	25 beds and under.	26 and under 50 beds.	50 and under 100 beds.	100 beds and over.	Hospital for soldiers' wives and children when separate.	Cavalry.		Infantry.		Battery of artillery, or detachment under the strength of a wing.	Hospital.			
						Full regiment.	Wing.	Full regiment.	Wing.		Station Staff.	Ordnance.		Lock.
SURGICAL INSTRUMENTS—concluded.														
Pessaries
Pocket dressing-cases, large	1 |	2 |	2 |	3 |	1	1	1	1	1	1	1	1	1	1
Pullies for dislocation	...													
Pumps, breast
“ stomach, Reid's patent	...	1 |	1 |	1 |	1 |	1	1	1	1	1	1	1	...	1
Sounds, spare	...													
Speculum, auris, dilating	...	1 |	1 |	2 |	2 |	1	1	1	1	1	...	...	...	...
“ recti	...													
“ vaginæ, in sets of 3
Splints, common, sets	...	1 |	1 |	2 |	2 |	1	2	1	2	1	1	1	1	1

Scale of Surgical Equipment, &c.

[Appendix XII,

"	" long, Dessault's, sets	1	1	1	1	1	1	1	1	1	1	1	1
"	Liston's, inclined	...	...	1	1	1	1	1	1	1	1	1	1
Stethoscopes	...	1	2	3	3	1	1	1	1	1	1	1	1
Syringes, enema, elastic, for children...	{ One for each hospital for sol- } { diers' wives and children. }	...	...	...	...	...	...	...	...	...	...	...	...
"	" Reid's patent, with vaginal tube.	1	1	2	2	1	1	1	1	1	1	1	1
"	" hypodermic, screw pattern ...	1	1	2	2	1	1	1	1	1	1	1	1
"	" glass, urethra, male	6	9	12	12	2	4	2	4	2	2	2	2
"	" pewter, 2 ozs. ...	1	2	2	3	1	2	1	2	1	1	1	1
"	" ear	1	1	2	2	1	1	1	1	1	1	1	1
"	" vaginal ...	...	...	...	...	...	...	...	...	...	...	...	2
Trocars, case ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Trusses, double	...	...	...	...	...	...	...	...	...	...	...	...	...
" single	...	...	...	...	...	...	...	...	...	...	...	...	...
Tubes, tracheotomy, sets ...	(One for each hospital for) (soldiers' wives and children.)	1	1	1	1	...	...	...	...	...	...	...	...
SECTION II.—SURGICAL APPLIANCES, &c.													
Balances, spring, Avery's...	...	1	1	1	1	1	...	...	...	...	...	...	...

Appendix XII.] Scale of Surgical Equipment, &c.

APPENDIX XII. Scale of Surgical Equipment, Professional Books, and Codes of Regulations—continued.

ARTICLES.	EUROPEAN.				Hospital for soldiers' wives and children when separate.	NATIVE						Garrison or Staff Dispensary.			
	25 beds and under.	26 and under 50 beds.	50 and under 100 beds.	100 beds and over.		Cavalry.		Infantry.		Battery of artillery, or detachment under the strength of a wing.	Hospitals.				
						Full regiment.	Wing.	Full regiment.	Wing.		Station Staff.		Ordnance.	Lock.	
SURGICAL APPLIANCES, &c.— <i>contd.</i>															
Basins, pus ...	1	1	1	1	1	1	1	1	1	1	1	1	...	...
„ dressing, metal, in sets of 5 ...	1 set	1 set	2 sets	2 sets	1 set	1 set	1 set	1 set	1 set	1 set	1 set	1 set	1 set	1 set	
Beds, air ...	...	1	1	1	...									...
„ water ...	On special requisition.					On special requisition.									...
Bougie-cases, tin ...	1	1	1	1	...	1	1	1	1	1	1	1	...	...
Brushes, glass, in phial ...	1	2	2	2	1	1	1	1	1	1	1	1	...	...
Cabinets, chemical, Parkes'	One for each administrative charge.														
„ „ Woods'	Two		ditto		ditto										
Catheter-cases, tin ...	2	2	2	2	...	2	2	2	2	2	2	2	...	...
Caustic-cases, vulcanite ...	2	3	3	4	1	2	1	2	1	1	1	1	1	1	

Scale of Surgical Equipment, &c.

[Appendix XII.

Corks, phial ...	...	As required.
" pint ...	...	Ditto.
" quart ...	...	Ditto.
" for wide-mouthed bottles	...	Ditto.
Corkscrews ...	1 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1	1
Cups, drinking, China ...	1 | 2 | 3 | 4 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1	...
Cushions, air... ..	...	On special requisition.
" water	...	On special requisition.
Field medical companions, complete ...	As required, but not to exceed 12 for each administrative charge.	
" panniers, complete ...	Ditto	7 pairs ditto.
" haversacks, complete	Ditto	20 ditto.
Funnels, "composition," of sizes, English ...	2 | 2 | 3 | 4 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1	1
Filtering-stands, for surgery	1 | 1 | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ...	...
Gallipots, country	...	As required.
" English	...	Ditto.
Glasses, eye (douche)	1 | 1 | 2 | 2 | 1 | 1 | ... | ... | ... | ... | ... | ... | ...	...
Gutta-percha, thick	...	As required.

[illegible]

Scale of Surgical Equipment, &c.										[Appendix XII.]	
Pins, common	...	...	...	...	...	...	...	...	Ditto.		
Pots, decoction, iron	...	...	...	...	...	...	...	...	1	1	1
” tin	...	...	...	...	...	...	...	...	1	1	...
” delf, with covers, in nests from 2 ozs. to 2 lbs.	...	...	...	...	...	...	...	...	As required.	...	...
” infusion, tin	...	...	...	...	...	...	...	...	1	1	1
Railway medical companions, complete											
As required, but not to exceed six for each administrative charge.											
Rods, glass	...	...	...	...	...	...	...	...	1	1	1
Scales and weights, druggists, ½ oz. to 5 lbs. (weighing machine).	...	...	...	...	...	...	...	...	1	1	1
” grains and drachms, pillar.	...	...	...	...	...	...	...	...	1	1	1
Scissors, shop	...	...	...	...	...	...	...	...	1	1	1
Sheets, waterproof, 1 yard square	...	...	...	...	...	...	...	...	1	1	...
Slabs, Wedgewood	...	...	...	...	...	...	...	...	1	1	1
Spatulas, bolus	...	...	...	...	...	...	...	...	1	1	1
” spreading	...	...	...	...	...	...	...	...	1	1	1
Sponges	...	...	...	...	...	...	...	...	As required.	...	...
Spongio, impermeable	...	...	...	...	...	...	...	...	Ditto.	...	...

^a 3 dozens from 51 to 75 beds, and 4 dozens from 76 to 100 beds.
^b See section 11, paragraph 33.

Appendix XII.] Scale of Surgical Equipment, &c.

APPENDIX XII. Scale of Surgical Equipment, Professional Books, and Codes of Regulations—concluded.

ARTICLES.	EUROPEAN.					NATIVE.							Garrison or Staff Dispensary.		
	25 beds and under.	Over 25 and under 50 beds.	50 and under 100 beds.	100 beds and over.	Hospital for soldiers' wives and children when separate.	Cavalry.		Infantry.		Battery of artillery, or detachment under the strength of a wing.	Hospitals.				
						Full regiment.	Wing.	Full regiment.	Wing.		Station Staff.	Ordnance.		Lock.	
Books, &c.—concluded.															
Pay Code for India, Volume I	1	1	1	1	1	...	...	...	...	...	...	...	...	...	...
” ” Volume II	1	1	1	1	1	...	...	...	...	...	...	...	...	...	...
Indian Articles of War	1	1	1	1	1	...	...	...	...	...	...	...	...	...	...
The Surgeon's Hand-book on the treatment of wounded in war, by Dr. F. Esmarch															
The Surgeon's Pocket-book, by Dr. J. H. Porter															
Gunshot Injuries, by Dr. T. Longmore															
Notes on the Hygiene of Cholera, by Dr. C. A. Gordon.															
Nomenclature of Diseases															
Manual of Exercises for Stretcher-bearers and Bearer-companies															
					</										

On special requisition.

Ditto.

Ditto.

Ditto.

Ditto.

Ditto.

Note.—The above nomenclature will be observed in all returns and records bearing on surgical equipment.

Directions for the measurements of Surgical Appliances. [APPENDIX XIII.]

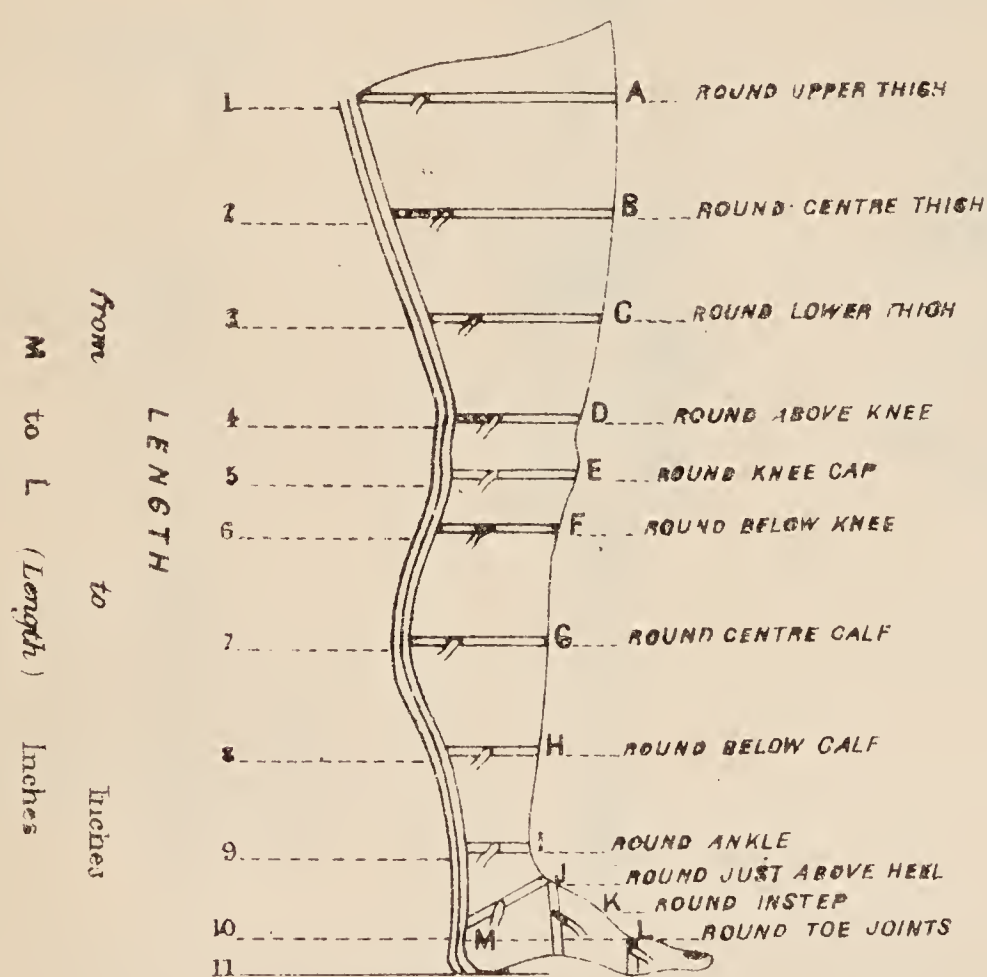
APPENDIX XIII.

Directions for the measurements for the manufacture of elastic stockings, trusses, artificial legs and French crutches.

See paragraph 53.

By Brigade-Surgeon A. J. Cowie, Principal Medical Store-keeper to Government.

I.—ELASTIC STOCKINGS.



THOSE MEASUREMENTS ONLY which are necessary for the manufacture of the particular SIZE and LENGTH of the Stocking required should be given, and ALL MEASUREMENTS must be stated in INCHES. The length of the Stocking required should be taken as indicated in the drawing by following the contour of the back of the leg while the patient is standing at attention.

APPENDIX XIII.] Directions for the measurements of Surgical Appliances.

APPENDIX XIII.—Contd.

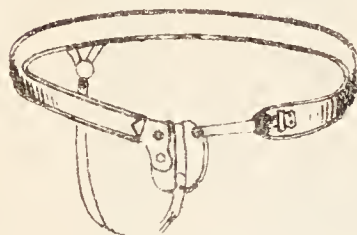
II.—TRUSSES.



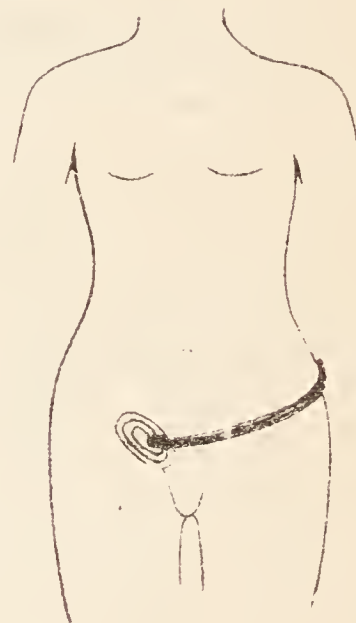
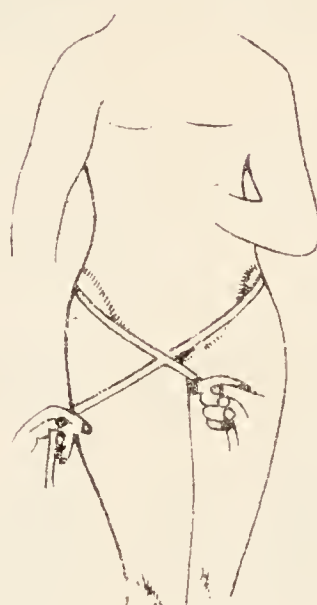
COMMON SINGLE CIRCULAR



SALMON AND ODYS



MCC MAIN



SALMON AND ODYS

Applicable to either right or left side, the Circular pad resting on the sacrum and the oval (hernia) pad crossing the median line to reverse side.

State whether the hernia or weakness is on the right, left, or on both sides.

Give some idea of the size of the protrusion, such as large as a walnut, egg, &c.

State whether the opening through which the hernia escapes is large or small.

State description of hernia.

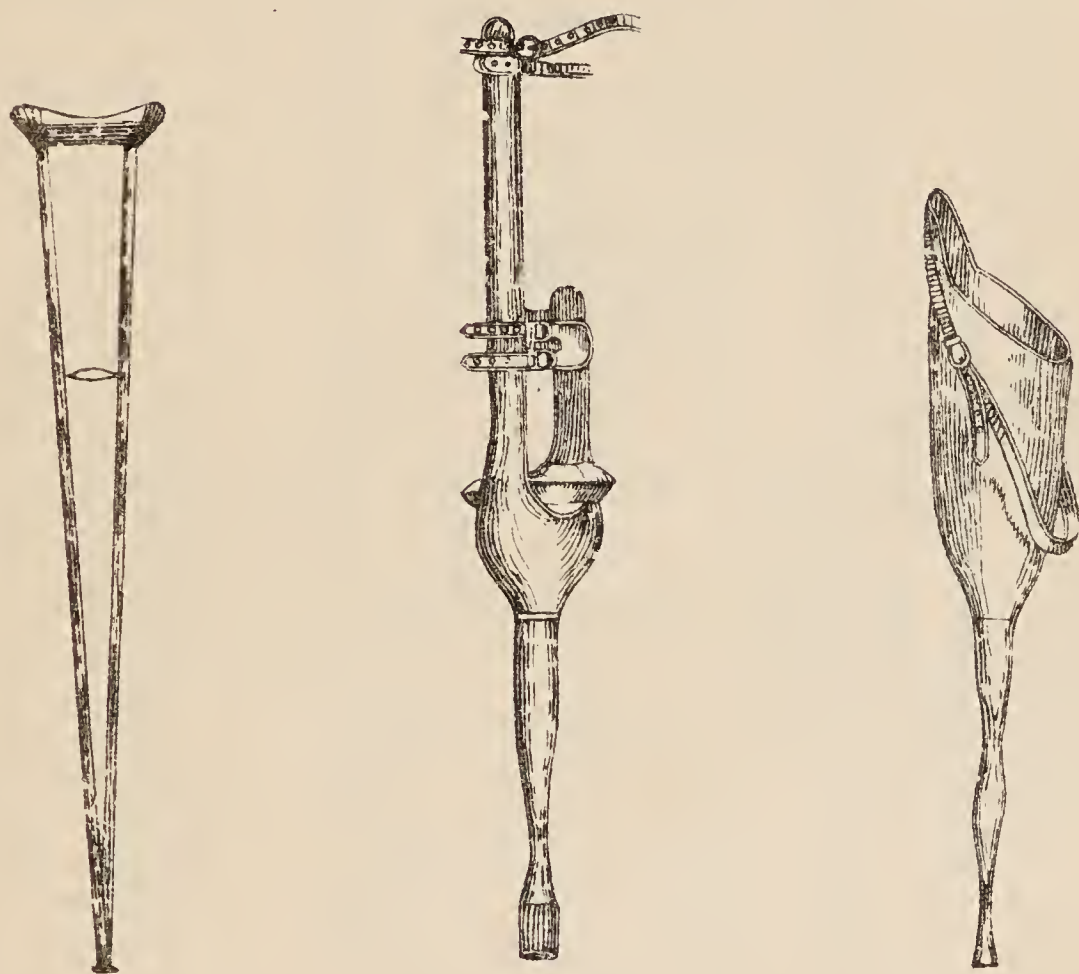
Measurement for inguinal hernia (state whether oblique or direct,) the girth of body half-way between the iliac crests and great trochanter, the tape meeting in front. In extremely bad cases of hernia, it is sometimes necessary to take a plaster of Paris cast of the pelvis. If this is impossible then the presence of the patient is always to be desired. For femoral hernia the pad is made to curve more obliquely than that for inguinal hernia. If one in use send number of old truss.

NOTE. All measurements must be given in INCHES.

Directions for the measurements of Surgical Appliances. [APPENDIX XIII.

APPENDIX XIII.—concl'd.

III.—ARTIFICIAL LEGS AND THE COMMON FRENCH CRUTCH.



COMMON
FRENCH CRUTCH

PIN LEG
FOR AMPUTATION
BELOW THE KNEE

BUCKET LEG
FOR AMPUTATION
ABOVE THE KNEE

CRUTCH.

State length from axilla to ground.

PIN LEG.

- {
- 1

Diameter of knee when bent.
- 2

Diameter of thigh close to perinæum.
- 3

Length from under knee when bent to the ground.
- 4

State for which leg.

BUCKET LEG.

- {
- 1

Circumference of thigh close to perinæum.
- 2

Circumference of middle of stump.
- 3

Circumference of end of stump.
- 4

Length from perinæum to ground.
- 5

State for which leg.

Scale of Furniture.

[Appendix XIV.

Bedsteads, iron ...	...	...
Bins, for soiled-linen ...	...	...
" for wines ...	...	...
Boards, diet scale ...	...	...
" fire orders ...	...	...
" inventory ...	...	...
" hospital rules ...	...	...
Book-cases, library pattern ...	...	...
Boxes, dry-earth ...	...	...
" ice ...	...	...
" dry-stores ...	...	...
Buckets, mortuary ...	...	...
Burners, charcoal ...	...	...
Chairs, cane-bottomed, for attendant's room	...	...

Length 6 feet 6 inches, breadth 3 feet 3 inches, height of frame 1 foot 9 inches, height to top of head and foot rails 2 feet 3 inches. Frames for mosquito curtains will be supplied at stations where the latter are sanctioned.

At stations where ice is issued only.

For re-burning animal charcoal.

Q

Appendix XIV.]

Scale of Furniture.

APPENDIX XIV. *Scale of hospital furniture—continued.*

I.—BRITISH TROOPS—continued.

ARTICLES.	DIETED HOSPITALS.							Non-dieted Station Hospital.	Garrison Dispensary.	REMARKS.
	From 5 to 25 beds.	From 26 to 50 beds.	From 51 to 75 beds.	From 76 to 100 beds.	From 101 to 125 beds.	From 126 to 150 beds.	Hospital for soldiers' wives and children when separate.			
Chairs, cane-bottomed, for office	2	3	4	6	6	8	2	1	1	{ In hospitals where sick children are treated only.
” ” for surgery	1	2	2	3	3	4	1	1	1	
” close-stool, large	One per 10 beds or fraction thereof.							1	3	
” ” small	1	1	1	1	1	1	1	...	...
” easy	One per 5 beds or fraction thereof							1	...	
” padded, arm, with foot-rests	One per 12 beds or fraction thereof							...	...	For cases too ill to use easy chairs.
Charpoys	One per patient for whom accommodation is authorised or exists.							...	...	For sick followers.
Chopping blocks, small	One per cook-house							...	...
Commodore	One per 10 beds or fraction thereof							...	...

Scale of Furniture.

[Appendix XIV

Doolies, burial, painted and hung with black	1	1	1	1	1	1	1	1	...	For stations in the hills only, in lieu of hearses.
Dressers, with shelves, drawers and locks and keys.	1	1	1	1	1	1	1	...	...
Filters, Macnamara's, with the following component parts:—	1	1	1	1	1	1	1	1	1	
Three-quarter cask, with hinged wooden cover for the top, and a hole and plug for the bottom	1	1	1	1	1	1	1	1	1	
Stand	1	1	1	1	1	1	1	1	1	
Screw-key, iron	1	1	1	1	1	1	1	1	1	
Rammer, wooden	1	1	1	1	1	1	1	1	1	
Sieve, cane	1	1	1	1	1	1	1	1	1	
Bandage cloth, 1 inch wide, according to requirements.	1	1	1	1	1	1	1	1	1	Cask to be renewed every two years if condemned as worn out.
Fornis, with backs, 5 feet	...	...	...	...	...	...	...	...	2	
Frames, bed-head ticket, B. F. 481	...	...	...	...	...	...	...	...	...	For sick native followers.
" " diet-sheet, M. C. F. 1	...	...	...	...	...	...	...	...	...
Gratings, 5 feet	...	...	...	...	...	...	...	...	...	For lavatories.
" 2 x 2 feet	...	...	...	...	...	...	...	...	...
Head-rests, double incline	...	...	...	...	...	...	...	...	...
Jhamps, with two poles each	...	...	...	...	...	...	...	...	...
Kitchen range, with boiler for water, a Sylvester or some other oven on extended scale, to cook fish, puddings, mutton chops and roast meats	...	...	...	...	...	...	...	...	...	{ To be supplied on special requisition only.

To be supplied only on the order of the Government of India.

Scale of Furniture.

[Appendix XIV.]

Racks, for aerated waters	...	1	1	1	1	1	1	1	...	...
" towel	...	1	1	1	1	1	1	1	...	For surgery.
Receptacles, filth, large	...	1	1	1	1	1	1	1	...	
" " small	...	1	1	1	1	1	1	1	...	
" urinary, large	...	1	1	1	1	1	1	1	...	Two per latrine for stations on the plains only.
" " small	...	1	1	1	1	1	1	1	...	Three per latrine for stations in the hills only.
" kitchen, large	...	1	1	1	1	1	1	1	...	Two per urinary for stations on the plains only.
" " small	...	1	1	1	1	1	1	1	...	Two per urinary for stations in the hills only.
Rods, lamp	...	1	1	1	1	1	1	1	...	Two per kitchen for stations on the plains only.
Scoops, dry-earth	...	1	1	1	1	1	1	1	...	Three per kitchen for stations on the hills only.
Scrapers, dry-earth	...	1	1	1	1	1	1	1	...	One per hanging lamp.
Screens, movable	...	1	1	1	1	1	1	1	...	One per dry-earth box in urinary and latrines.
" " for archways between wards.	...	1	1	1	1	1	1	1	...	Two per latrine with more than 10 seats, and one per latrine with 10 seats or less.
Sieves, dry-earth	...	1	1	1	1	1	1	1	...	To put round special cases.
Shelves, open	...	1	1	1	1	1	1	1	...	For partitioning wards for special cases.
Stands, basin, wooden	...	1	1	1	1	1	1	1	...	
" surahi, to hold 6 surahis	...	1	1	1	1	1	1	1	...	For clothing and bed-linen.

2 feet 6 inches high, 1 foot 7 inches broad, and 9 feet long.

Appendix XIV.] Scale of Furniture.

APPENDIX XIV. Scale of hospital furniture—continued.
I.—BRITISH TROOPS—continued.

ARTICLES.	DIETED HOSPITALS.							Non-dieted Station Hospital.	Garrison Dispensary.	REMARKS.
	From 5 to 25 beds.	From 26 to 50 beds.	From 51 to 75 beds.	From 76 to 100 beds.	From 101 to 125 beds.	From 126 to 150 beds.	Hospital for soldiers' wives and children when separate.			
Stands, surahi, to hold 2 surahis	1	1	1	1	1	1	1	1	1	For surgery.
Stoves or braziers, with flues or pipes leading to outer air.	Two per large and one per small ward.									{ To be allowed when there are no fire-places at stations where fuel is authorised.
Stools, lamp	1	1	2	2	3	3	1	...	1	
Tables, barrack, 5' x 2' 10" ...			One per attendant's room					...	1	
" bed-side, with 2 shelves, open			One per bed					5	6	
" common, 7' x 3'			One per mortuary, if required.							
" cook-house, 3' x 2'			Two per kitchen					...	...
" dining, 10' x 3'			One per 10 beds or fraction thereof					...	...

Scale of Furniture.

[Appendix XIV]

" dispensing	...	1	1	1	1	2	2	1	1	1
" dissecting, with head-rest	...	One per mortuary.								
" invalid and reading desk, Hamilton's.	...	One per 20 beds or fraction thereof								
" office, with drawer and cupboard	...	1	1	2	2	3	3	1	1	1
" prescribing	...	1	1	1	1	1	1	1	...	...
" writing, small, 3' x 1' 8"	...	One per mortuary.								
" " ditto	...	1	1	1	1	1	1	1	...	1
" " barrack	...	1	1	1	1	1	1	1	...	...
Thermantidotes	...	To be determined by the Standing Barrack Committee.								
Trays, dressing	...	1	2	3	4	5	6	1	1	1
" kerosine lamps	...	One per 12 lamps or fraction thereof.								
" wooden, medium size	...	1	2	3	4	5	6	1	...	...
Trestles, for boxes	...	According to requirements.								
" for supporting coffins	...	Six per mortuary.								
" for bedding, 6 feet	...	2	4	6	8	10	12	2	...	...
Urinals, iron, complete with trays	...	Two per urinary								
Wash-hand stands, with enamel-ware fittings	...	1	1	1	1	1	1	1	1	1

To be supplied only when good earthen-ware glazed ones are not procurable by the Commissariat Department.

Appendix XIV.]

Scale of Furniture.

APPENDIX XIV. *Scale of hospital furniture—continued.*
I.—BRITISH TROOPS—concluded.

ARTICLES.	NUMBERS.	REMARKS.
<i>Camp Furniture.</i>		
Commodes, portable ...	One for each body of troops.	
Chairs, folding ...	Two ditto ditto.	
Tables, camp ...	One ditto ditto.	
Trunks, camel, pairs, with padlocks and keys (English), and with movable trays—for hospital equipment and purveyor's stores.	According to requirements.	
Trunks, mule ...	One pair per Mountain Battery.	For records.

Scale of Furniture.

[Appendix XIV.

APPENDIX XIV. *Scale of hospital furniture—continued.*
II.—NATIVE TROOPS; AND STATION STAFF, AND LOCK HOSPITALS.

ARTICLES.	CAVALRY.		INFANTRY.		Battery of mountain artillery, or detached company of sappers and miners.	Station staff hospital.	Lock hospital.	REMARKS.
	Full regiment.	Wing.	Full regiment.	Wing.				
Almirahs, large	1	1	1	1	1	1	1	For instruments and stores.
” small	1	1	1	1	1	1	1	For poisons.
Baths, portable, on wheels	1	1	1	1	1	1	1	
Beds, fracture	2	1	1	1	1	1	...	
Boards, inventory	1	1	1	1	1	1	1	
Book-cases, hospital pattern	1	...	1	...	...	...	...
Boxes, dry-earth	1	1	1	1	1	1	1	

Appendix XIV.]

Scale of Furniture.

APPENDIX XIV. *Scale of hospital furniture—continued.*

II.—NATIVE TROOPS; AND STATION STAFF, ORDNANCE, AND LOCK HOSPITALS—*continued.*

ARTICLES.	CAVALRY.		INFANTRY.		Battery of mountain artillery, or detached Company of Sappers and Miners.	Station staff hospital.	Lock hospital.	REMARKS.
	Full regiment.	Wing.	Full regiment.	Wing.				
Buckets, mortuary	1	1	1	1	1	1	..	
Carts, filth	1	1	1	1	1	1	1	
Chairs, cane-bottomed	2	1	2	1	1	1	1	For office.
Charpoys	25	12	57	25	9	12	12	
Forms, without backs, 5 feet	1	1	1	1	1	1	..	For out-door patients.
Gratings, 8' X 6'	1	1	1	1	1	1	1	For wash-house.
Head-rests, double incline	2	1	4	1	1	1	..	
Hoes (phourah), dry-earth	1	1	1	1	1	1	1	

Appendix XIV.]

Scale of Furniture.

APPENDIX XIV. *Scale of hospital furniture—concluded.*
II.—NATIVE TROOPS; AND STATION STAFF, ORDNANCE, AND LOCK HOSPITALS—concluded.

ARTICLES.	CAVALRY.		INFANTRY.		Battery of mountain artillery, or detached company of sappers and miners.	Station staff hospital.	Lock hospital.	REMARKS.
	Full regiment.	Wing.	Full regiment.	Wing.				
Tables dissecting, with head rest	1	1	1	1	1	...	...
„ prescribing, small	1	1	1	1	1	1	1	
„ writing, small, 3' X 1' 8"	...	...	...	..	...	1	1	
Tickets, bed, frames for	25	12	57	25	9	12	12	
Towel-racks	1	1	1	1	1	1	1	For surgery.
Trays, dressing	1	1	1	1	1	1	1	
Trunks, canel, with movable trays, pairs	1	1	1	1	...	...	...
„ mule, ditto	...	...	...	...	1	...	...

NOTE.—The above articles to be replaced only when pronounced unserviceable by a board of survey.

Scale of Equipment.

[Appendix XV.

APPENDIX XV.

Scale of hospital equipment.

I.—BRITISH TROOPS.

ARTICLES.	REMARKS.					
	From 5 to 25 beds.	From 26 to 50 beds.	From 51 to 75 beds.	From 76 to 100 beds.	From 101 to 125 beds.	From 126 to 150 beds.
SECTION I.—MISCELLANEOUS ARTICLES.						
Basins, wash-hand, metal					
Baskets, bottle, to hold 6 bottles	...					
Bath-bricks					
Bellows					
Brushes, with long handles					
” scrubbing, with long handles					
” hand, scrubbing, cocoanut fibre					
” lime-washing					

See section 11, paragraph 72.

Scale of Equipment.

[Appendix XV.]

Clocks, American, with bracket when necessary.	1	1	1	1	1	1	1	1	1
Cork-screws ...	2	2	2	3	3	1	1	1	1
Crutches, pairs, French pattern	As required.								
Cups, spitting, earthen, glazed	One per bed.								
Dredgers, pint size	1	2	3	4	5	6	1	...	6
Dusters ...	One per bed.								
Foot-warmers	1	1	2	2	3	3	1	...	6
Funnels	1	1	2	2	3	3	1	...	Renewals as worn out without board of survey.
Gear, well, viz., hemp-rope, pulley, and mote bag with iron frame.	One each per well; also a yoke to each pair of bullocks.								
Gumlahs, earthen, glazed, for latrines for native followers.	One per seat in latrine.								
Hammers	1	1	1	1	1	1	1	...	Renewals 15 per cent. monthly on number in use.
Knife-cleaning boards	1	1	2	2	3	3	1	...	
Lamps, reading, kerosine, duplex, English, with globe, chimney and punkah protector, complete.	1	1	2	2	3	3	...	...
Lanterns for caudles	1	1	2	2	3	3	1	1	

Appendix XV.] Scale of Equipment.

APPENDIX XV. Scale of hospital equipment—continued.
1.—BRITISH TROOPS—continued.

ARTICLES.	REMARKS.						
	From 5 to 25 beds.	From 26 to 50 beds.	From 51 to 75 beds.	From 76 to 100 beds.	From 101 to 125 beds.	From 126 to 150 beds.	Hospital for soldiers' wives and children when separate. Garrison Dispensary.
MISCELLANEOUS ARTICLES—continued.							
Lanterns, for common oil lamps ...							One for each nurse, latrine, urinary, cook-house and hospital for native followers.
” kerosine, with hanging chains ...							Two for each large ward, and one for each small ward or separate room, surgery, passage and staircase.
Looking-glasses ...							Two per large and one per small ward.
Mats, door, 4 × 2 feet ...							One per main entrance not exceeding six.
Measures, oil, block tin, 10 ozs.	1	1	1	1	1	1	1
” ” 7 ozs.	1	1	1	1	1	1	1
” ” 5 ozs.	1	1	1	1	1	1	1
” ” 2½ ozs.	1	1	1	1	1	1	1

Scale of Equipment.

[Appendix XV.

"	"	3 chks.	...	1	1	1	1	1	1	1	1
"	"	2½ chks.	...	1	1	1	1	1	1	1	1
Measuring-tapes, 50 feet ...			...	1	1	1	1	1	1	1	...
Nails, iron	...	...	...	As required.							
Pails, water, metal	...	...	...	1	1	2	3	3	1	1	...
Palls, union-jack	...	...	...	1	1	1	1	1	1	1	...
Pans, bread, earthen, glazed, with cover	...	...	...	One per bed.							
" close-stool, white crockery	...	...	...	One per close-stool chair and commode.							
" privy, earthen, glazed	...	...	...	One per seat in latrine.							
Paper, country, unglazed	...	...	...	One sheet daily per patient, to include those patients under observation.							
Pots, chamber, with cover, white crockery	...	...	...	One per five beds or fraction thereof.							
Purdahs	...	...	...	As required for inner doors and openings, when these are not well appointed.							
Rope, cotton	...	...	...	As required.							
Scissors, lamp, country manufacture	..	..	..	One pair per building.							
Scoops, tin	...	...	...	2	2	3	3	4	4	2	...

Appendix XV]

Scale of Equipment.

APPENDIX XV. *Scale of Hospital Equipment—continued.*

I.—BRITISH TROOPS—*continued.*

ARTICLES.	REMARKS.						
	From 5 to 25 beds.	From 26 to 50 beds.	From 51 to 75 beds.	From 76 to 100 beds.	From 101 to 125 beds.	From 126 to 150 beds.	Hospital for soldiers, wives and children when separate, Garrison Dispensary.
MISCELLANEOUS ARTICLES— <i>concluded.</i>	One per ten beds or fraction thereof.						
Spoons, medicine, wedgewood-ware, graduated inside for tea, dessert and table spoons.	1	1	2	2	3	3	1
Stomach-warmers	...	...	...	...	...	...	...
Tape, broad, country, yards	...	...	...	...	...	...	...
Thread, black	...	...	...	...	...	...	...
„ white	...	...	...	...	...	...	...
Tins, fomenting	1	2	3	4	5	6	1
„ for cooking poultices	1	2	3	4	5	6	1
Traps, rat, single	1	1	1	1	1	1	...
„ earthen, glazed	...	...	...	...	...	...	...
One per earthen glazed urinal.							Renewals 8 per cent. monthly.

Scale of Equipment.

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" for spreading poultices, wooden ...	1	2	3	4	5	6	2	1	
Trunks, camel	No. 1	For bedding and clothing.
Tubs, ½ cask, for receiving foul-linen ...	1	1	1	2	2	2	1	...	
" " for bathing, painted inside and outside with silicate paint	1	1	2	2	3	3	1	...	Or one per private lavatory.
" " with lids, painted inside and outside wth silicate paint ...									Three per ablution room.
Urinals, earthen, glazed ...	2	2	4	6	8	10	1	1	For holding water for washing.
Weighing-machines, chair ...									Renewals 15 per cent. monthly.
Wick-holders, tin ...									
SECTION II.—RECREATION GAMES.									
Backgammon-boards, with men, dice and dice-boxes ...	1	1	2	2	3	3	...	...
Chessmen, with board ...	1	1	1	1	1	1	...	...
Dominoes ...	1	2	3	4	5	6	...	...
Draught-boards, with men ...	1	2	3	4	5	6	...	...
SECTION III.—KITCHEN UTENSILS.									
Boilers, copper, with covers, large, medium and small, in nests ...	2	3	4	5	6	7	2	...	
Cans, milk, marked in pints ...	1	2	3	4	5	6	1	...	
Choppers ...	1	1	1	1	2	2	1	...	

Appendix XV.]

Scale of Equipment.

APPENDIX XV. *Scale of Hospital Equipment—continued.*
I.—BRITISH TROOPS—*continued.*

ARTICLES.	REMARKS.						
	From 5 to 25 beds.	From 26 to 50 beds.	From 51 to 75 beds.	From 76 to 100 beds.	From 101 to 125 beds.	From 126 to 150 beds.	Hospital for soldiers' wives and children when separate.
							Garrison Dispensary.
KITCHEN UTENSILS — <i>concluded.</i>							
Flour-dredgers, pint size ...	1	1	2	2	3	3	1
Forks, flesh ...	1	1	2	2	3	3	1
„ toasting ...	1	1	2	2	3	3	1
Gridirons, English ...	1	1	1	1	2	2	1
Hatchets ...	1	1	1	1	2	2	1
Knives, kitchen ...	1	1	1	1	2	2	1
Measures, milk, quart ...	1	1	1	1	2	2	1
„ „ 1 pint ...	1	1	1	1	2	2	1
„ „ ½ pint ...	1	1	1	1	2	2	1
„ „ 3 ozs. ...	1	1	2	2	3	3	1

Scale of Equipment.

[Appendix XV.]

[illegible]

Appendix XV.]

Scale of Equipment.

APPENDIX XV. *Scale of Hospital Equipment—continued.*
I.—BRITISH TROOPS—continued.

ARTICLES.	REMARKS.						
	From 5 to 25 beds.	From 26 to 50 beds.	From 51 to 75 beds.	From 76 to 100 beds.	From 101 to 125 beds.	From 126 to 150 beds.	Hospital for soldiers' wives and children when separate.
Garrison Dispensary.							
DIET AND TABLE REQUISITES—concluded.							
Measures, wine, double, $\frac{1}{2}$ and 1 oz. ...	1	1	2	2	3	3	1
“ “ 2 and 4 ozs. ...	1	1	2	2	3	3	1
Mugs, pint, white crockery ...	One per bed.						
Pepper-casters ...	Two per kitchen.						
Plates, butter, white crockery ...	One per two beds or fraction thereof.						
“ dinner size, “ ...	Three per two beds or fraction thereof.						
Pots, tea, pint, “ ...	One per 12 beds or fraction thereof.						
Salt-cellars, glass ...	One per bed.						
Spoons, egg, nickel silver ...	One per five beds or fraction thereof						
“ dessert, “ “ ...	One per bed.						
							2

For tea and milk.

For special cases.

Scale of Equipment.				[Appendix XV.	
Table-cloths, white	...	...	Two per dining table authorised.	...	For dining tables. } To be made according to size of tables, with a fall of one and a half feet on each side.
„ green baize	...	...	1 | 2 | 2 | 2 | 3 | 4 | 1	...	For recreation tables.
Tumblers, glass ...	...	...	One per five beds or fraction thereof.	...	
SECTION V.—HOSPITAL CLOTHING.					
Men.					
Belts, flannel ...	...	...	Three per two beds or fraction thereof.	...	
Caps, blue-flannel, lined	...	...	One per 10 beds or fraction thereof.	...	For men whose heads may have been shaved.
Comforters, knitted, woollen	...	...	One per 10 beds or fraction thereof.	...	For cases of sore-throat, consumption, &c.
Drawers, cotton ...	...	...	Three per bed.	...	
„ flannel...	...	...	Three per two beds or fraction thereof.	...	
Gowns, long, woollen	...	...	One per bed.	...	
Handkerchiefs, pocket	...	...	Two per bed.	...	
Jackets, light, woollen	...	...	One per bed.	...	
Napkins, small ...	...	...	Two per five beds or fraction thereof.	...	For opthalmic cases.
Shirts, cotton ...	...	...	Three per bed.	...	
Slippers, leather ...	...	...	One pair per bed.	...	
Socks, cotton, English	...	...	Two pairs per bed.	...	
„ worsted, „	...	...	Two pairs per bed.	...	

Appendix XV.]

Scale of Equipment.

APPENDIX XV. *Scale of Hospital Equipment—continued.*
I.—BRITISH TROOPS—*continued.*

ARTICLES.	REMARKS.							
	From 5 to 25 beds.	From 26 to 50 beds.	From 51 to 75 beds.	From 76 to 100 beds.	From 101 to 125 beds.	From 126 to 150 beds.	Hospital for soldiers' wives and children when separate.	Garrison Dispensary.
SECTION V.—HOSPITAL CLOTHING.— <i>contd.</i>								
<i>Men—concluded.</i>								
Towels, hand ...					Two per bed.			6
” bathing ...					One per five beds.			...
Trowsers, light, woollen ...					One per bed.			...
” warm, woollen ...					Ditto.			...
Vests, flannel ...					Two per bed.			...
Waistcoats, sleeved, woollen...					One per bed.			...
” straight ...	1	1	1	1	1	1	1	...

Scale of Equipment.

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<i>Women.</i>				
Gowns, long, woollen	...	Two per bed.	..	For ophthalmic cases.
” night, long, calico	...	Three per bed.	...	
” short, calico	...	Two per bed.	...	
Handkerchiefs, pocket	...	Ditto.	...	
Napkins, small ...	...	Two per five beds or fraction thereof.	...
Petticoats, calico	...	Two per bed.	..	
” flannel	...	Ditto.	..	
Shifts, cotton ...	...	Four per bed.	...
” flannel, under	...	Two per bed.	...	
Slippers	...	One pair per bed.	.	
Stockings, cotton	...	Three pairs per bed.	...	
” worsted	...	Ditto.	...	
Towels, hand ...	...	Two per bed.	...
<i>Children.</i>				
Drawers, flannel, boys’	...	Two per bed.	...	
Gowns, long, cotton	...	Three per bed.	...	

Appendix XV.]

Scale of Equipment.

APPENDIX XV. Scale of Hospital Equipment—continued.

I.—BRITISH TROOPS—continued.

ARTICLES.	REMARKS.							
	From 5 to 25 beds.	From 26 to 50 beds.	From 51 to 75 bed.	From 76 to 100 beds.	From 101 to 125 beds.	From 126 to 150 beds.	Hospitals for soldiers' wives and children when separate.	Garrison Dispensary.
SEC. V.—HOSPITAL CLOTHING—concl'd.								
Children—concluded.								
Gowns long, woollen	...			Two per bed.				..
Petticoats, flannel, girls'	...			Ditto.				..
Shirts, night, cotton	...			Four per bed.				..
" " flannel	...			Three per bed.				..
Slippers	...			One pair per bed.				..
Stockings, half, cotton	...			Three pairs per bed.				..
" " worsted	...			Two pairs per bed.				..

SECTION VI.—BEDDING.		Scale of Equipment.		[Appendix XV.
<i>Men, Women and Children.</i>				
Blankets, English, white, weight 5 lbs., 7 x 5 feet.	Two per bed.	6	With an addition of 20 per cent. at hill stations.	
Counterpanes, white, plain, 7 x 5 feet	One per bed.	6		
Curtains, mosquito	One set per bed for stations in the Eastern Frontier and Presidency Districts only.	...		
Handles, with cords	One per 12 beds or fraction thereof.	...	Not sanctioned for children.	
Mattresses, cocoanut fibre	One per bed.	6	The case will be made of duck, and will measure, when unstuffed, 6 feet 9 inches in length, and 3 feet 5 inches in width; it was side pieces 3 inches in height. The mattress when stuffed with the authorised allowance of 30lbs. of coir will be of the same dimensions in length and breadth as an hospital cot of the standard pattern.	
” ” ” for surgical cases, divided into 8 pieces.	One per 20 beds or fraction thereof.	...		
Pillows, cocoanut fibre, or horse hair, large	One per bed.	6	The case will be made of duck, and when stuffed should measure 3¼ x 1¼ feet. Cocoanut fibre or horse hair will be used as stuffing according to circumstances, and the relative price of the two articles, 3 lbs. 9 ozs. being allowed for each pillow.	

Scale of Equipment. [Appendix XV.

Scale of Hospital Equipment—continued.
II.—NATIVE TROOPS; AND STATION STAFF, ORDNANCE AND LOCK HOSPITALS.

ARTICLES.	CAVALRY.		INFANTRY.		Battery of mountain artillery, or detached company of Sappers and Miners.	Station staff hospital.	Lock hospital.	Renewals.	REMARKS.
	Full regiment.	Wing.	Full regiment.	Wing.					
SECTION I.—MISCELLANEOUS ARTICLES.									
Basins, earthen, glazed, large	3	2	3	2	2	3	3	Quarterly.	
” ” small	6	3	6	3	2	6	12	Ditto	For washing sores.
” wash-hand, steel	1	1	1	1	1	...	...	When condemned.	
Burners, glass	...							5 per cent. monthly on number in use.	For common oil lamps.
Chicks, coarse	...							When condemned.	With binding ropes and nails for hanging.

Appendix XV.]

Scale of Equipment.

APPENDIX XV. *Scale of Hospital Equipment—continued.*
II.—NATIVE TROOPS; AND STATION STAFF, ORDNANCE AND LOCK HOSPITALS—*continued.*

ARTICLES.	CAVALRY.						INFANTRY.		Battery of mountain artillery, or detached company of sappers and miners.	Station staff hospital.	Lock hospital.	Renewals.	REMARKS.
	Full regiment.	Wing.	Full regiment.	Wing.	Full regiment.	Wing.							
SECTION I.—MISCELLANEOUS ARTICLES—concluded.													
Chimneys, kerosine	...												For kerosine lamps.
Corkscrews	...	1	...	1	1	1	1	1	1	1		15 per cent. per mensem. When condemned.	
Cotton for wicks	For common oil lamps.
		Half a chittack monthly for each lamp with two wicks.											
Crutches, pairs	...	1	1	1	1	1	1	1	...	...		When condemned.	
Cups, spitting, country, earthenware	...	25	12	57	25			9	12	12		Quarterly.	
Degchies, brass, 4 gallons	...	1	1	1	1			1	1	...		When condemned.	For heating water.
Dusters	...	6	3	6	3			3	3	3		Ditto	For surgery.

Scale of Supplies.

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APPENDIX XVI.

Scale of Hospital Supplies.

I.—BRITISH TROOPS.

ARTICLES.		REMARKS.						
SECTION I.—NECESSARIES.								
Monthly Scale.								
Arrowroot	...	...	As required.					For native sick.
Alum	...	...	4 ozs. | 8 ozs. | 12 ozs. | 1 lb. | 1 ¼ lbs. | 1 ½ lbs. | 4 ozs. | 4 ozs.					For gargles, &c.
Bael-fruit, preserved	...	...	As required.					For sweepers.
Baskets	...	...	One per sweeper employed.					For applications of ice.
Bladders	...	...	As required.					For dispensing.
Bottles, empty, quarts	...	...	No. 2 | No. 4 | No. 6 | No. 8 | No. 10 | No. 12 | No. 3 | No. 6					Ditto.
"	"	pints	No. 3 | No. 6 | No. 9 | No. 12 | No. 15 | No. 18 | No. 3 | No. 6					For sweepers.
Brooms	One per sweeper employed.					

See section II, paragraph 100.

Scale of Supplies.

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Poppy-heads	As required.	For stupes.
Bran	Ditto.	
Charcoal-powder...	Ditto.	
Poultice material	Ditto.	
Flour	...	...	Ditto.	
Linseed-meal	...	...	Ditto.	
Rose-water	...	...	Ditto.	For eye-washes.
Sago	...	...	Ditto.	For native sick.
Silk, green	...	...	Ditto.	For eye-shades.
Soap, country	...	...	4 lbs. per 100 pieces of bedding and clothing requiring washing.	For washing bedding and clothing.
Soap, Europe, carbolic-acid	...	...	1 cake for each medical officer.	For medical officer's use.
Soda, country (sujjee)	...	...	$\frac{1}{2}$ lb. per 100 pieces of bedding and clothing requiring washing.	For washing bedding and clothing.
Soorahies (earthen water-goglets)	...	...	1 per bed. Renewals 10 per cent. monthly.	For holding drinking-water.
Spirits, rum, 10 per cent. under proof	...	...	As required.	For native sick, lotions, &c.
Suet, mutton (<i>when hog's lard is not obtainable</i>).	...	...	12 ozs. | $1\frac{1}{2}$ lbs. | $2\frac{1}{4}$ lbs. | 3 lbs. | $3\frac{3}{4}$ lbs. | $4\frac{1}{2}$ lbs. | 12 ozs. | 12 ozs.	For ointments.
Sugar, ordinary ration	...	...	As required. Expenditure not to exceed half the quantity of arrowroot and sago expended.	For arrowroot and sago for native sick.
" white, crystallized	8 ozs 1 lb. $1\frac{1}{2}$ lbs. 2 lbs. $2\frac{1}{2}$ lbs. 3 lbs. 8 ozs. 8 ozs.	For syrups.

Scale of Supplies.

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Wax-cloth	...	1 yd. 2 yds. 3 yds. 4 yds. 5 yds. 6 yds. 1 yd. 1 yd.	For packing.
Wine, Tarragona	...	As required.	For native sick.
Wood	...	80 lbs. | 160 lbs. | 240 lbs. | 320 lbs. | 400 lbs. | 480 lbs. | 80 lbs. | 80 lbs.	For decoctions and infusions.
SECTION II.—STATIONERY.			
Blank-books, 12 × 5 inches, 200 pages,		As required.	For ward prescriptions.
“ English foolscap, 2 quires	1	1	Half-yearly.
Envelopes, brown cartridge paper, 11 × 5 inches.	25	50	Quarterly.
“ official, foolscap, 8½ × 3¼ inches.	50	50	Monthly.
“ “ 5½ × 3¼ inches	25	50	Ditto.
“ linen-lined, 19 × 6 inches	50	50	Annually.
Erasers	1	1	Every 3 years.
Guard-books, 21 × 15 × 1½ inches	1	1	When expended.
Gum-bottles, with brushes	1	1	Every 3 years.
Hones	1	1	Ditto.
Ink-bottles, glass	2	2	Ditto.

Appendix XVI.]

Scale of Supplies.

APPENDIX XVI. *Scale of Hospital Supplies—continued.*

I.—BRITISH TROOPS—*continued.*

ARTICLES.	From 5 to 25 beds.								From 26 to 50 beds.		From 51 to 75 beds.		From 76 to 100 beds.		From 101 to 125 beds.		From 126 to 150 beds.		Hospital for soldiers' wives and children when separate.	Garrison Dispensary.	Period of supply.	REMARKS.	
SECTION II.—STATIONERY— <i>contd.</i>																							
Ink-powder, black	bundles	1							1	2	2	3	3	1	1	Monthly.							
”	”	$\frac{1}{2}$							$\frac{1}{2}$	1	1	$1\frac{1}{2}$	$1\frac{1}{2}$	$\frac{1}{2}$	$\frac{1}{2}$	Quarterly.							
Inkstands, wooden, double	...	1							1	2	2	3	3	1	1	As a first supply.							
Needles	...	1							1	2	2	3	3	1	1	Quarterly.							
Paper, blotting	...	3							6	9	12	15	18	3	3	Monthly.							
”	cartridge, white,	1							1	2	2	3	3	1	1	Ditto.							
”	foolscap, English	2							2	3	3	4	4	2	2	Ditto.							
”	note, demi-official	1							1	2	2	3	3	1	1	Ditto.							

Scale of Supplies.

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	1	1	1	1	1	1	1	2	1	1	As a first supply.
Paper-cutters	1	1	1	1	1	1	1	2	1	1	As a first supply.
Paper-weights	2	2	4	4	4	4	6	6	2	2	Ditto.
Pencils, lead	1	1	2	2	2	2	3	3	1	1	Monthly.
„ slate	1	1	1	1	1	1	2	2	1	1	Ditto.
Penholders	2	4	6	8	10	12	10	12	2	2	Annually.
Penknives, single blade	1	1	1	1	2	2	2	2	1	1	If unserviceable. Every 3 years.
Postage scales and weights from $\frac{1}{2}$ to 40 tolas	1	1	1	1	1	1	1	1	1	1	As a first supply.
Quills, goose	6	9	12	18	24	30	24	30	6	6	Monthly.
Rubber	1	1	2	2	2	2	2	2	1	1	Every 2 years.
Ruler, round, 24 inches	1	1	1	1	2	2	2	2	1	1	As a first supply.
„ 18 „	1	1	1	1	2	2	2	2	1	1	Ditto.
Sealing-wax	1	1	1	1	1	1	1	1	1	1	Monthly.
Silk-thread, skeins of 1 tola each	1	1	1	1	1	1	1	1	1	1	Ditto.
Slates	1	1	1	1	2	2	2	2	1	1	If unserviceable. Every 3 years.
Stamps for sealing-wax	1	1	1	1	1	1	1	1	1	1	Ditto.
Steel-pens, J nibs	6	12	18	24	30	36	30	36	6	6	Monthly.

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Scale of Supplies.

APPENDIX XVI. Scale of Hospital Supplies—continued.

I.—BRITISH TROOPS—continued.

ARTICLES.	From 5 to 25 beds.	From 26 to 50 beds.	From 51 to 75 beds.	From 76 to 100 beds.	From 101 to 125 beds.	From 126 to 150 beds.	Hospital for soldiers' wives and children when separate.	Garrison Dispensary.	Period of supply.	REMARKS.
SECTION II.—STATIONERY—concl'd.	One per 3 nibs sanctioned.									
Steel-pens magnum bonum, in lieu of nibs.									...	
Strop ...	1	1	1	1	1	1	1	1	Every 3 years.	When nibs are not taken.
Tape, office, red, 7 yards bundles ...	$\frac{1}{2}$	$\frac{1}{2}$	1	1	$1\frac{1}{2}$	$1\frac{1}{2}$	$\frac{1}{2}$	$\frac{1}{2}$	Monthly.	If unserviceable.
SECTION III.—DISINFECTANTS.										
Annual Scale.										
Carbolic acid fluid ...	30 lbs.	60 lbs.	90 lbs.	120 lbs	150lbs.	180 lbs	30 lbs.	30 lbs.		
MacDougal's disinfecting powder ...	30 lbs.	60lbs.	90 lbs.	120 lbs	150 lbs	180 lbs	30 lbs.	30 lbs.		

Scale of Supplies.

[Appendix XVI.

APPENDIX XVI. *Scale of Hospital Supplies*—continued.
I.—BRITISH TROOPS—concluded.

ARTICLES.		From 1 to 9 sick.					From 10 to 20 sick.		From 21 to 30 sick.		From 31 to 40 sick.		REMARKS.
SECTION IV.—HOT-WEATHER SUPPLIES.													
Daily Scale.													
Ice ...	{ American ... Common-pit ... Machine-made	...	seers.	4½	9	11	14	Quarter of a seer per patient extra when the number of patients requiring its use exceeds forty.					
		...	”	6	11½	14½	17						
		...	”	7½	15	18	21¼						
Monthly Scale.													
Baskets ...	...	...	...	From 5 to 25 beds.	From 26 to 50 beds.	From 51 to 75 beds.	From 76 to 100 beds.	From 101 to 125 beds.	From 126 to 150 beds.	Hospital for soldiers' wives and children when separate.	Garrison Dispensary.	...	For carrying ice.
Blankets, country ...	...	...	...	1	1	2	2	3	3	1	...	...	} For enveloping ice.
Sheets, doosooty cloth, 5 feet square ...	...	...	...	2	2	4	4	6	6	2	...	...

APPENDIX XVI. *Scale of Hospital Supplies—continued.*
II.—NATIVE TROOPS; AND STATION STAFF AND LOCK HOSPITALS.

ARTICLES.	CAVALRY.		INFANTRY.		Battery of mountain artillery, or detached company of sappers and miners.	HOSPITALS.		REMARKS.
	Full regiment.	Wing.	Full regiment.	Wing.		Station staff.	Lock.	
SECTION I.—BAZAR MEDICINES.								
Monthly Scale.								
Alum ...	4 ozs.	2 ozs.	6 ozs.	3 ozs.	1 oz.	3 ozs.	1½ lbs.	For gargles, &c.
Assafoetida ...	1 oz.	6 drs.	1½ ozs.	8 drs.	3 drs.	1 oz.	...	
Bael-fruit, preserved ...	As required	As required	As required	As required	As required	As required	As required.	
Camphor ...	4 ozs.	1 oz.	6 ozs.	1½ ozs.	½ oz.	2 ozs.	...	For liniments.
Ginger, dry ...	2 ozs.	1 oz.	4 ozs.	1½ ozs.	½ oz.	2 ozs.	...	
Gundaberoza ...	As required	6 drs.	As required	1 oz.	6 drs.	As required	As required.	
Kaladanna (<i>per annum</i>) ...	1¼ lbs.	8 ozs.	1½ lbs.	8 ozs.	3 ozs.	10 ozs.	...	To save jalap.
Kuth, catechu ...	2 ozs.	1 oz.	2 ozs.	1 oz.	6 drs.	1 oz.	...	
Mustard, Europe ...	8 ozs.	4 ozs.	12 ozs.	6 ozs.	2 ozs.	4 ozs.	...	For sinapisms.
„ seed ...	1 lb.	8 ozs.	1½ lbs.	8 ozs.	3 ozs.	8 ozs.	...	For plasters.

Scale of Supplies.

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Oil, sissamum	...	4 ozs.	2 ozs.	6 ozs.	3 ozs.	1 oz.	3 ozs.	6 ozs.	For ointments.
„ mustard	...	1½ lbs.	8 ozs.	1½ lbs.	8 ozs.	3 ozs.	12 ozs.	...	For liniments.
Pepper, red ...	...	8 drs.	6 drs.	1 oz.	1½ ozs.	3 drs.	8 drs.	8 drs.	For cholera pills, gargles, &c.
„ black	...	As required	As required	As required	As required	As required	As required	As required	For medicinal purposes.
Pomegranate-root	...	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto.	For stupes.
Poppy-heads	...	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	For eye-paste.
Rasout ...	...	8 drs.	½ oz.	1 oz.	½ oz.	3 drs.	8 drs.	1 oz.	For fumigations.
Sulphur, country	...	As required	As required	As required	As required	As required	As required	As required	For lotions.
Vinegar, Europe	...	1½ lbs.	8 ozs.	1 lb.	8 ozs.	3 ozs.	8 ozs.	...	For ointments.
Wax, white ...	...	4 ozs.	2 ozs.	4 ozs.	2 ozs.	12 drs.	2 ozs.	6 ozs.	
SECTION II.—NECESSARIES.									
Monthly Scale.									
Arrowroot ...	...	As required	As required	As required	As required	As required	As required	As required.	For sweepers.
Baskets ...	...	No. 2	No. 1.	No. 3	No. 1	No. 1	No. 1	No. 1	For application of ice in special cases.
Bladders ...	...	As required	As required	As required	As required	As required	As required	As required	
Bottles, empty, quarts	...	No. 6	No. 4	No. 12	No. 6	No. 2	No. 6	...	
„ „ pints	...	No. 6	No. 4	No. 12	No. 6	No. 2	No. 6	...	

Appendix XVI.]

Scale of Supplies.

APPENDIX XVI. *Scale of Hospital Supplies—continued.*
II.—NATIVE TROOPS; AND STATION STAFF AND LOCK HOSPITALS—*continued.*

ARTICLES.	CAVALRY.		INFANTRY.		Battery of mountain artillery, or detached company of sappers and miners.	HOSPITALS.		REMARKS.
	Full regiment.	Wing.	Full regiment.	Wing.		Station staff.	Lock.	
SECTION II.—NECESSARIES— <i>contd.</i>								
<i>Monthly Scale—contd.</i>								
Brandy ...	1 bottle	8 ozs.	1 bottle	8 ozs.	3 ozs.	1 bottle	...	
Brooms ...	No. 2	No. 1	No. 2	No. 1	No. 1	No. 1	...	For sweepers.
Candles, sperm ...	1 lb.	1 lb.	1 lb.	1 lb.	1 lb.	1 lb.	...	Not required if hurricane lamp is used.
Charcoal ...	5 lbs.	3 lbs.	10 lbs.	5 lbs.	1½ lbs.	5 lbs.	...	For dispensary.
Chatties, small, glazed, earthen ...	As required	As required	As required	As required	As required	As required	As required	For cooking poultices.
Chunam (lime) ...	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	For limewater.
Cloth, long, fine ...	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	For adhesive plaster.
„ sheeting, country ...	10 yards	5 yards	10 yards	5 yards	2 yards	5 yards	5 yards	For dressing.
„ „ „ ...	20 yards	10 yards	10 yards	5 yards	2 yards	6 yards	6 yards	For bandages.

Scale of Supplies.

[Appendix XVI.

Cotton	...	...	As required	As required	As required	As required	As required	As required	As required
Flannel, country	...	...	3 yards	1½ yards	3 yards	1½ yards	½ yard	3 yards	...
Flannel, country	...	...	6 yards	3 yards	6 yards	3 yards	1 yard	3 yards	...
Jallahs, with covers	...	...	No. 1	No. 1	No. 2	No. 1	No. 1	No. 1	No. 1
Leeches	...	...	...	...	...	...	...	...	...
Limes, or lime-juice are not procurable.	...	if fresh limes	As required	As required	As required	As required	As required	As required	As required
Linseed	...	...	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto
Matches	...	...	1 box	1 box	1 box	1 box	1 box	1 box	1 box
Moomjahmah-sheets	...	...	...	...	...	...	...	...	...
Naunds	...	...	No. 1	{ No. 1 } Small	No. 2	{ No. 1 } Small	{ No. 1 } Small	No. 1	No. 1
Needles	...	...	No. 1	No. 1	No. 1	No. 1	No. 1	No. 1	No. 1
Oil common	...	...	...	2½ or 3 chittacks,	according to season,	for each lamp per night.	...	...	...
" kerosine ...	...	...	...	4¾ or 5½ ozs.,	according to season,	for each lamp per night	...	...	...
Phials, country, ordinary-shape	...	...	No. 12	No. 6	No. 18	No. 9	No. 3	No. 12	...
" " English-shape	...	...	No. 12	No. 6	No. 12	No. 6	No. 6	No. 6	No. 6
Plantain-leaves	...	...	...	...	...	...	...	...	...
Pots, glazed ...	...	...	No. 6	No. 3	No. 6	No. 3	No. 1	No. 3	No. 6
Bran { Poultice materials { Charcoal ... Linseed-meal	...	...	6 lbs.	3 lbs.	6 lbs.	3 lbs.	1 lb.	3 lbs.	...
	...	...	12 ozs.	6 ozs.	1 lb.	8 ozs.	3 ozs.	12 ozs.	...
	...	...	3 lbs.	1½ lbs.	3 lbs.	1½ lbs.	½ lb.	2 lbs.	...

Scale of Supplies.

[Appendix XVI.]

Two per mensem for each hurricane lamp.										For hurricane lamps.
Wicks, 9 inches long	...	...	...	...	...	...	...	...	...	For hurricane lamps.
Wine, port or sherry	...	...	...	...	...	...	...	...	...	For each bath as per certificate.
Wood, fire	...	...	...	...	...	...	...	...	...	For infusions.
Ditto	...	...	...	...	...	...	...	...	...
SECTION III.—DISINFECTANTS.										
Annual Scale.										
Carbolic acid, fluid	...	...	...	...	...	...	...	...	...	Viceroy's Body Guard.
	30 lbs.	15 lbs.	40 lbs.	20 lbs.	7 lbs.	15 lbs.	1st class 20 lbs.	25 lbs.		
							2nd „ 15 lbs.			
							3rd „ 8 lbs.			
Macdougall's disinfecting powder	...	...	...	...	...	...	...	...	...	25 lbs.
	30 lbs.	15 lbs.	40 lbs.	20 lbs.	7 lbs.	15 lbs.	1st class 30 lbs.	25 lbs.		
							2nd „ 20 lbs.			
							3rd „ 12 lbs.			

Appendix XVI.]

Scale of Supplies.

APPENDIX XVI.—*Scale of Hospital Supplies—concluded.*
 II.—NATIVE TROOPS; AND STATION STAFF AND LOCK HOSPITALS—*concluded.*

ARTICLES.	Regimental hospital.	Station staff hospital.	Mountain battery.	Lock hospital.	REMARKS.
SECTION IV.—STATIONERY.					
<i>Annual Scale.</i>					
Books, blank, foolscap (Ld.), 6 quires each	No. 2	No. 1	No. 1	No. 1	
“ royal (Ld.), ditto	No. 2	No. 1	...	...
“ coarse medium paper, 3 quires each	No. 2	No. 1	No. 1	No. 2	
“ hand, for ward prescriptions, 1 quire each	No. 1	No. 1	No. 1	No. 1	
“ guard of sizes (file books)	As required	...	...	...
Envelopes, foolscap, English	No. 150	...	...	...
Hone	No. 1	No. 1	No. 1	...	{ To be renewed when former one has been, satisfactorily accounted for.
Ink-bottles, China	No. 1	No. 1	No. 1	No. 1	
Ink, black, fluid, country	2 pints	1 pint	1 pint	1 pint	
“ red	1 pint	1 pint	1 pint	1 pint	
Paper, blotting	2 quires	$\frac{1}{2}$ quire	$\frac{1}{2}$ quire	$\frac{1}{2}$ quire	
“ China foolscap (C. W. double foolscap)	8 quires	4 quires	4 quires	2 quires	

Scale of Supplies.

[Appendix XVI.]

				12 quires	4 quires	4 quires	4 quires	4 quires	
country, best Patna medium	...	...	...	...	...	...	...	...
M. M., Royal	...	...	...	1 quire	...	...	...	...
Foolscap, country, white	...	...	...	8 quires	4 quires	4 quires	4 quires	2 quires	
French foolscap (C. W. double foolscap)	...	...	...	4 quires	...	...	...	2 quires	
Penknife, 1 blade	...	...	...	No. 1	No. 1	No. 1	No. 1	No. 1	To be renewed when the former one has been satisfactorily accounted for.
Pencils, lead	...	...	...	No. 12	No. 4	No. 4	No. 4	No. 4	
Quills	...	...	...	No. 100	No. 36	No. 36	No. 36	No. 24	
Magnum-Bonums	...	...	...	No. 6	No. 6	No. 6	No. 6	No. 6	
Rubber	...	...	...	$\frac{1}{2}$ piece	$\frac{1}{4}$ piece	$\frac{1}{4}$ piece	$\frac{1}{4}$ piece	$\frac{1}{4}$ piece	
Ruler, round, 24 inches long	...	...	...	No. 1	No. 1	No. 1	No. 1	No. 1	
Slate, demi-size	...	...	...	No. 1	No. 1	No. 1	No. 1	No. 1	
Slate-pencils	...	...	...	No. 2	No. 2	No. 2	No. 2	No. 2	
Tape, red, broad	...	...	...	1 bundle	...	...	...	...

Note.—Stationery for wings and detachments will be supplied from the allowance authorised for corps.

Appendix XVII.]

Scale of Petty Supplies.

APPENDIX XVII.

See section 11,
paragraph 100.

Scale of Petty Supplies for British Troops.

Articles.	Scale.	Remarks.
Bysakies, or props ...	One for each tattie ...	For supporting tatties.
Chalk, for cleaning lamps.	One chittack monthly for each lamp provided by the state.	
Charcoal, animal, for Macnamara's filter.	30 lbs. as a first charge for each filter. This should last at least two years, when it will be renewed if, after a rough analysis of the filtered water by the medical officer in charge, it is considered necessary. The charcoal will be re-burned every six months, a process which involves a loss of about one-third of an ounce on each pound of animal charcoal purified; a further supply of 10 ozs. of animal charcoal is therefore sanctioned for each filter after every half-yearly cleansing operation.	Condemned animal charcoal will be destroyed under the procedure laid down in Bengal army regulations, section 8, para. 20.
Charcoal, wood, for charcoal burner authorised for Macnamara's filter.	8 pounds per filter requiring purification.	
Cloth, country, doosootie, for cleaning lamps.	1 yard monthly for every 8 lamps provided by the state.	
Cotton-wicks, for common oil lamps.	3 chittacks monthly for six lamps with 2 wicks each; or 1 chittack nightly for 120 wicks (60 lamps).	
Cotton-wicks, for tent lanterns.	1 ounce daily for 30 lanterns.	For troops on the line of march.
Dolchies ...	1 for every 2 tatties when near together, and 1 for every tattie when far apart.	For use when tatties are in use. To be demanded as they are actually required, and will be repaired when necessary by the commissariat department.
Ghurrahs, for buildings.	The number to be fixed by executive engineers in communication with local authorities. Renewals 25 per cent. on the number authorised.	For buildings having thatched roofs, and for buildings having wooden roofs at stations where there are no fire engines, tanks, and buckets.

Scale of Petty Supplies.

[Appendix XVII.]

APPENDIX XVII.—*Scale of Petty Supplies for British Troops*—contd.

Articles.	Scale.	Remarks.
Naunds ...	1 for 2 tatties when near together, and 1 for each tattie when far apart. 10 per cent. allowed monthly for breakages.	See "Tubs, half-casks."
Oil, common, for greasing punkah-pulleys and friction-rollers.	1 chittack per month for each punkah-pulley and for each friction-roller.	During the period in which punkahs are actually in use.
Oil, common, for thermantidotes.	As required.	
Oil, common, (or castor, if cheaper), for lamps.*	<i>Number of lamps authorised.</i>	
	ENTIRE-NIGHT SCALE.	
	From 22nd March to 21st September, 2½ chittacks per lamp.	Each nurse ... 1
	From 22nd September to 21st March, 3 chittacks per lamp.	Each latrine ... 1
		Each urinary ... 1
Oil, common, for tent lanterns.	<i>Number of lamps authorised.</i>	
	TILL-TATTOO SCALE.	
	1 chittack for each lamp all the year round.	Each cook-house, when necessary (See "till-tattoo scale") ... 1
		Each hospital for native followers ... 1
		TILL-TATTOO.
Oil, kerosine, for lamps.*	4 ounces daily per lantern in use.	Each cook-house (when not lighted all night) 1
	For troops on the line of march.	
	<i>Number of lamps authorised.</i>	
	ENTIRE-NIGHT.	
		Each ward or room occupied ... 1
	Each surgery ... 1	
	Each passage ... 1	
	Each staircase ... 1	
Oil, kerosine, for lamps.*	<i>Number of lamps authorised.</i>	
	TILL-TATTOO.	
	From 22nd March to 21st September ... 2½ ozs.	Each large ward ... 1
	From 22nd September to 21st March ... 5 „	Each reading-lamp ... 1

* In all buildings occupied by troops, save in out-offices, kerosine oil lamps may be substituted for common oil or other lamps, whenever it is desirable to do so.

Appendix XVII.]

Scale of Petty Supplies.

APPENDIX XVII.—*Scale of Petty Supplies for British Troops*—concl'd.

Articles.	Scale.	Remarks.
Sand, coarse, cleaned, for Macnamara's filters.	12 $\frac{5}{16}$ lbs. every 2 months ...	Where coarse sand cannot be procured, a substitute to be provided from over-burnt brick (jhamma).
Sand, fine, cleaned, for Macnamara's filters.	8 lbs. to be supplied every 2 months.	
Sheets, doosotee cloth, 7 by 5 feet.	Two for each charcoal burner...	To be replaced only when worn out.
Straw for British troops encamped in cantonments.	6 lbs. per man or woman ; 3 lbs. per child not in arms.	When barrack furniture is not available. The straw to be changed when considered necessary by the commanding officer. When the renewal is required oftener than once a week, the commanding officer will certify to the necessity on the requisition.
Straw for British troops on the line of march.	12 lbs. daily per man or woman, and 6 lbs. daily per child not in arms.	For such of the sick as have not doolies to sleep in. Indents to be made daily on the commissariat department.
Tar ...	8 ozs. for each iron vessel monthly.	
Tatties (measurements to be given in requisition).	The supply to hospitals is restricted to half the number of apertures on one side of the building only. In apartments which have only one aperture, a tattie will be provided for each, but only one tattie is sanctioned for each nurse and hospital office.	
Tatties for thermantidotes.	2 for each thermantidote.	
Tubs, half-casks, in lieu of naunds.	1 for 2 tatties when near together; and 1 for each tattie when far apart.	To be supplied only when available, and considered necessary on the score of economy.
Unguent for ambulances	8 ozs. per cart monthly.	
Unguent for conservancy carts, old pattern.	8 ozs. per each pair of wheels monthly.	Unguent to be composed of 2 parts grease and 1 part tar.
Unguent for Crowley's filth and rubbish carts.	<i>Per quarter—</i> 5 lbs. pitch } to coat the interior of the cart. 2 lbs. tar } 4 lbs. tar to paint the exterior of the cart. <i>Monthly for greasing the wheels.</i> $\frac{3}{4}$ lbs. common country soap, and $\frac{1}{4}$ lb. tar.	The wheels to be greased three times a week.
Wicks, 9 inches long ...	2 per each kerosine lamp monthly.	

Scale of Fuel.

[Appendix XVIII.]

APPENDIX XVIII.

*Scale of Fuel for Hospitals of British Troops.*See section 11
paragraph 117.

Class.	Stations.	Daily scale of fuel for each fireplace.
A	Banikhet. Bhagsu. Chakrata. Cherat. Dagshai. Dalhousie. Darjeeling. Jutogh. Kasauli. Landour.	From 15th October to 15th March inclusive, 1 cwt. and 48 lbs. for each large fireplace and 80 lbs. for each small fireplace.
	Murree, and adjacent hill stations. Naini Tal. Ranikhet, and adjacent hill stations.	From 16th March to 14th October inclusive, 80 lbs. for each large fireplace and 40 lbs. for each small fireplace, for as many days only as the issue may be considered abso- lutely necessary by the officer commanding the station. At Darjeeling the scale of fuel from 15th October to 15th March inclusive, may be increased to 2 cwts. for each large fireplace and 1 cwt. for each small fireplace, if con- sidered absolutely necessary by the officer commanding the station.
B	Pachmarhi.	From 1st December to end of February in- clusive, 80 lbs. for each large fireplace and 40 lbs. for each small fireplace.
	Solun. Subathu.	From 10th June to 10th September inclusive, 60 lbs. for each large fireplace and 30 lbs. for each small fireplace, for as many days only as the issue may be considered abso- lutely necessary by the officer commanding the station.
C	Attock (Fort). Campbellpore. Dera Ismail Khan. Kangra (Fort). Nowshera. Peshawur. Rawal Pindi.	From 1st December to 15th March inclusive, 1 cwt. and 48 lbs. for each large fireplace and 80 lbs. for each small fireplace.
D	Amritsur. Ferozepore. Govindgurh (Fort). Jullundur. Lahore (Fort). Mean Meer. Mooltan. Sialkot.	From 1st December to 15th February inclu- sive, 80 lbs. for each large fireplace and 40 lbs. for each small fireplace, for as many days only as the issue may be considered absolutely necessary by the officer com- manding the station.

Appendix XVIII.]

Scale of Fuel.

APPENDIX XVIII.—*Scale of Fuel for Hospitals of British Troops—*
concluded.

Class.	Stations.	Daily scale of fuel for each fireplace.
E	Delhi. Meerut. Roorkee. Umballa.	From 15th December to 15th February inclusive, 80 lbs. for each large fireplace and 40 lbs. for each small fireplace, for as many days only as the issue may be considered absolutely necessary by the officer commanding the station.

For Hospitals of Soldiers' Wives and Children only.

F	Agra. Allahabad. Bareilly. Cawnpore. Fatehgurh. Fyzabad. Lucknow. Moradabad. Muttra. Sitapur. Shahjehanpore.	From 15th December to 31st January inclusive, 80 lbs. for each large fireplace and 40 lbs. for each small fireplace, for as many days only as the issue may be considered absolutely necessary by the officer commanding the station.
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Scale of Ordnance Stores.

[Appendix XIX.

APPENDIX XIX.

Scale of Ordnance Stores for British Troops.

See section 11,
paragraph 134.

Articles.		Scale.	REMARKS.
Ambulances, canton-ment.		1 per hospital on the plains of 50 beds or fraction thereof, and for each 50 additional beds or fraction thereof. Garrison Dispensary, Fort William 1	
Hearse ...	...	1 for each station on the plains	
Pickaxe ...	...	1)	{ For collecting dry-earth for conservancy, and for filling up excavations.
Spade ...	...	1 } for each hospital ...	
Phowrah ...	...	1)	
Paint, white	...	2 lbs. annually for each kitchen receptacle in use.	

Appendix XX.]

Scale of Reserve Furniture.

APPENDIX XX.

See section 11,
paragraph 59.

*Scale of Hospital Furniture to be maintained as a reserve stock by
the Public Works Department.*

ARTICLES.	Percentage to be maintained.	ARTICLES.	Percentage to be maintained.
Baths, foot	5	Punkah fringes, 18" deep	10
„ hip	5	„ pulling-ropes, canes or leathers for—	20
„ portable (wheels) ...	5	Receptacles, cook-house ...	10
Bedsteads, iron	20	„ privy ...	10
Carts, filth	10	„ urinary ...	10
Chairs, cane-bottomed, for attendants' room ...	5	Tables, bedside, with two shelves open ...	20
„ „ for office ...	5	„ camp, small ...	5
„ „ for surgery ...	5	„ 5' x 2' 10," for attendant's room	5
„ close-stool, large ...	5	„ 10' x 3,' for convalescents' dinners	5
„ „ small ...	5	„ 3' x 2' for cook-house ...	5
Filters, Macnamara, with component parts, complete ...	20	„ prescribing, small	5
Gratings, 2 x 2 feet ...	10	„ 3' x 1' 8" for surgery ...	5
„ 5 feet	10	Tickets, bed, frames for—	20
„ 8 x 6 feet, for wash-houses, native hospitals ...	10	Trunks, camel ...	10
Pans, privy, iron	20		

Scale of Reserve Equipment.

[Appendix XXI.

APPENDIX XXI.

See section 11,
paragraph 72.

Scale of Hospital Clothing and Bedding to be kept as a reserve stock
in the Commissariat Store.

ARTICLES.	Percentage on the num- ber of each article author- ised to be kept complete and serviceable in the pur- veyor's store.	ARTICLES.	Percentage on the num- ber of each article author- ised to be kept complete and serviceable in the pur- veyor's store.
HOSPITAL CLOTHING.			
<i>For Men.</i>		<i>For Children.</i>	
Belts, flannel ...	20	Drawers, flannel, boys ...	20
Caps, blue flannel, lined ...	20	Gowns, long, cotton ...	20
Comforters, knitted, woollen ...	20	„ „ woollen ...	20
Drawers, cotton ...	20	Petticoats, flannel, girls ...	20
„ flannel ...	20	Shirts, night, cotton ...	30
Gowns, long, woollen ...	20	„ „ flannel ...	30
Jackets, light, woollen ...	20	Slippers, pairs ...	20
Shirts, cotton ...	30	Stockings, half, cotton,	
Slippers, leather, pairs ...	20	„ pairs ...	20
Socks, cotton, English, pairs ...	20	„ „ worsted,	
„ worsted English, pairs...	20	„ pairs ...	20
Towels, hand ...	20		
Trowsers, light, woollen ...	20	HOSPITAL BEDDING.	
„ warm, woollen ...	20	<i>For Men, Women, and</i>	
Vests, flannel ...	30	<i>Children.</i>	
Waistcoat, sleeved, woollen ...	20	Blankets 7 × 5, English,	
		white, weight 5lbs ...	20
<i>For Women.</i>		Counterpanes, 7' × 5',	
Gowns, long, woollen ...	20	white ...	20
„ night, long, calico ...	30	Mattresses, cocoanut fibre	20
„ short, calico ...	20	Pillows, cocoanut fibre or	
Petticoats, calico ...	20	horsehair, large ...	20
„ flannel ...	20	Pillows, cotton, small ...	20
Shifts, cotton ...	30	Pillow-covers, large ...	30
Shifts, flannel, under ...	30	„ „ small ...	30
Slippers, pairs ...	20	Sheets cotton, 7' × 5' ...	30
Stockings, cotton, pairs ...	20		
„ worsted, pairs ...	20		
Towels, hand ...	20		

Appendix XXII.]

Recruiting.

APPENDIX XXII.

See section 14, paragraph 24.

Table showing the height, weight, and chest measurement of individuals (perfectly naked) from the age of 12 to 21 years.

AGE.		Number of observations.	HEIGHT, IN INCHES.					WEIGHT, IN POUNDS.					CHEST MEASUREMENT, IN INCHES.		
From	To		Average.	Maximum.	Minimum.	Range of maximum and minimum.	Gain.	Average.	Maximum.	Minimum.	Range of maximum and minimum.	Gain.	Average.	Maximum.	Minimum.
12	13	344	52·09	59·25	45·75	13·5	...	62·26	85·75	40·25	45·5	...	24·01	28·	20·
13	14	321	54·10	62·	46·75	15·25	2·01	68·46	93·25	49·5	42·75	6·20	24·79	28·5	21·75
14	exact.	771	55·53	64·	49·	15·	...	73·95	115·5	49·	66·5	...	27·03	31·25	22·
14	15	...	57·09	...	...	...	2·99	79·60	...	...	...	11·14	27·90	...	...
15	exact.	136	58·66	67·	52·75	14·25	...	86·52	136·	62·	74·	...	28·80	32·	25·5
15	16	...	60·50	...	...	...	3·41	94·10	...	...	...	14·50	29·50	...	...
16	17	129	63·90	70·	56·	14·	3·40	108·61	143·	67·5	75·5	14·51	30·17	34·5	24·5
17	18	127	66·10	72·	59·25	12·75	2·20	117·32	147·25	87·5	59·75	8·71	31·66	36·5	27·75
18	19	81	67·02	73·25	60·5	12·75	·92	121·48	157·5	93·	64·5	4·16	32·30	36·	28·5
19	20	114	67·05	72·25	60·5	11·75	·03	124·03	161·5	97·	64·5	2·55	32·35	36·5	29·
20	21	139	67·60	74·75	63·	11·75	·55	131·48	182·	95·5	86·5	7·45	33·51	38·	28·75
21	22	106	67·61	73·	64·	9·	·01	133·63	195·	105·	90·	2·15	33·90	37·5	28·

Medical Certificate for Insane Women.

[Appendix XXIII.]

APPENDIX XXIII.

[FORM A.]

Certificate of medical officers.

We, the undersigned (*here enter name and official designation*) hereby See section 15, paragraph 53.
 certify that we, on the _____ day of _____
 at _____ personally examined (*here enter name and
 residence of lunatic*), and that the said _____
 is (*here state whether the person is a lunatic or an idiot, or a person of
 unsound mind*) and a proper person to be taken charge of and detained under
 care and treatment, and that we have formed this opinion on the following
 grounds, namely:—

1. Facts indicating insanity observed by ourselves. (*Here state the facts.*)
2. Other facts (if any) including insanity communicated to us by others.
(Here state the information, and from whom.)

(Signed) By two medical officers _____

[FORM B.]

Order for the reception of a private patient into the _____ lunatic
 asylum.

I, the undersigned, hereby request you to receive (*here enter the name of
 the patient, and state whether a lunatic or an idiot, or a person of unsound
 mind*) as a patient into your asylum.

Subjoined is a statement respecting the said _____

Name _____ (Signed) _____

Occupation (if any) _____

Place of abode _____

Appendix XXIII.] Medical Certificate for Insane Women.

APPENDIX XXIII—*concluded*.[FORM B]—*concluded*.

Degree of relationship, if any, or other circumstances of connexion with the patient_____

Dated this_____ day of_____ one thousand eight hundred and_____

To

The Superintendent of the

_____ Asylum

at_____

Statement.

[If any of the particulars in this statement be not known, the fact to be so stated.]

Name of patient, with Christian name at length_____

Sex and age_____

Married, single, or widowed_____

Condition of life, and previous occupation (if any)_____

The religious persuasion, as far as known _____

Previous place of abode_____

Whether first attack_____

Age (if known) on first attack_____

When and where previously under care and treatment_____

Duration of existing attack_____

Supposed cause_____

Whether subject to epilepsy_____

Whether suicidal:_____

Whether dangerous to others_____

Whether found lunatic by inquisition or inquiry under order of court, and date of commission, or order for inquisition or inquiry.

Whether any member of patient's family has been, or is affected with insanity_____

(Signed)*_____

* Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added, namely :—
Occupation (if any), place of abode, degree of relationship (if any), or other circumstances in connexion with the patient.

Scale of Marching Equipment.

[Appendix XXIV.]

APPENDIX XXIV.

Scale of Hospital Equipment authorised for Troops on the line of march.

See section 16,
paragraphs 6,
7, and 26.

I.—BRITISH TROOPS.

DESCRIPTION OF ARTICLES.	SCALE.	REMARKS.
SECTION I.—CAMP FURNITURE.	See Appendix XIV.	
SECTION II.—PURVEYOR'S STORES.		
<i>a.—Miscellaneous articles.</i>		
Basins, wash-hand, metal, small.	1 per 100 troops, or fraction thereof.	Packed in sulletahs.
Blankets, English, barrack pattern.	1 per 10 troops, or fraction thereof.	Ditto.
Cases, mattress, duck, barrack pattern.	1 per doolie ...	Carried in doolies and stuffed with straw.
Cups, drinking, block tin, pint.	1 per 50 troops, or fraction thereof.	Packed in trunks.
Dusters	1 per 20 troops, or fraction thereof.	Ditto.
Lanterns	1 per body of troops ...	Ditto.
Pans, commode, copper ...	Ditto ...	Packed outside of trunks. To be tinned twice a month.
„ sauce, with cover, quart.	2 per body of troops ...	Packed in trunks.
„ stool, with cover, copper, nested.	1 per 100 troops, or fraction thereof.	Packed outside of trunks. To be tinned twice a month.
Pillows, cotton, small ...	1 per doolie ...	Carried in doolies.
Scales and weights, $\frac{1}{2}$ oz. to 2 lbs.	1 per body of troops ...	Packed in trunks.
Sheets, ground, water-proof, 7 × 5 feet.	1 per 20 troops, or fraction thereof.	Packed in sulletahs.
Sulletahs with ropes ...	1 per body of troops.	.....
Tarpaulins	Ditto	.....
Tins, fomenting	Ditto ...	Packed in trunks.
„ for cooking poultices...	Ditto ...	Ditto.
Trays, wooden, for spreading poultices, 15 × 10 inches.	Ditto ...	Ditto.

Appendix XXIV.] Scale of Marching Equipment.

APPENDIX XXIV.—Scale of Hospital Equipment authorised for Troops on the line of march—continued.

DESCRIPTION OF ARTICLES.	500 troops and over.	Under 500 troops.]	REMARKS.
SECTION II.—PURVEYOR'S STORES— <i>concluded.</i>			
<i>b.—Medical Comforts.</i>			
Brandy	2 bottles	1 bottle.	} Packed in trunks.
Taragonna wine	4 bottles	2 bottles.	
Sago, in canister	5 lbs.	2 lbs.	
Arrowroot, in canister	5 lbs.	2 lbs.	
Sugar, in canister	5 lbs.	2 lbs.	
Essence of beef	5 lbs.	2 lbs.	
Condensed milk	5 lbs.	2 lbs.	
SECTION III.—STATIONERY AND BLANK FORMS.	According to actual requirements, and supplied from station hospital.		Ditto.
SECTION IV.—CARRIAGE.			
Camels { For furniture	1	1	
{ For purveyor's stores	2	1	

II.—NATIVE TROOPS.

DESCRIPTION OF ARTICLES.	CAVALRY.		INFANTRY OR SAPPERS.		BATTERY of artillery. or detached troop or company.	REMARKS.
	Full regiment.	Detached squad- ron.	Full regiment.	Wing.		
SECTION I.—FURNITURE.						
Chairs, folding, office ...	1	1	1	1	...	Outside of trunks.
Tables, camp, office ...	1	1	1	1	...	Ditto.
Trunks, camel, pairs, with pad- locks and keys, and with movable trays.	1	1	1	1	...	For records, sta- tionery, &c.
Trunks, mule, pairs, with pad- locks and keys, and with movable trays.	...	...	...	...	1*	For records, sta- tionery, &c. *Per mountain battery only.
SECTION II.—MISCELLANEOUS ARTICLES.						
Baxins, wash-hand, metal ...	1	1	1	1	...	For medical officer's use. Packed in trunks
Lanterns, candle ...	1	1	1	1	1	For night visits. Do
Sulletahs, with ropes ...	1	1	1	1	...	For packing bed- ding.
SECTION III.—BEDDING.						
Blankets, country, double ...	For 5 per cent. of strength of troops ...					For special cases In sulletahs.
Pillows, large, tow ...	10	3	12	6	2	Ditto. Ditto.
Towels, hand ...	2	2	2	2	...	For medical officer's use. In trunks.
SECTION IV.—DISINFECTANTS.						
Macdougall's powder, in canister	5 lbs.	2 lbs.	6 lbs.	3 lbs.	1 lb.	In trunks.

Scale of Marching Equipment.

[Appendix XXV.

APPENDIX XXV.

Scale of medical and surgical equipment for troops moving.

See section 16,
paragraph 11.

DETAIL.				MARCHING.					RAILWAY.			
				Field Panniers.	Petarrahs.	Carriage.		Carriage for hospital equipment.	Railway medical companion.	Petarrahs.	Carriage.	
						Mule or pony.	Banghy-burdars.					
<i>British Troops.</i>				Pairs.	Pairs.							
Battery of Royal Artillery	...			1	1	1	1	500 men and under, 1 camel for furniture and 1 camel for stores. Over 500 men and under 1,000 men, 1 camel for furniture and 2 camels for stores.	1	...		
Regiment of Cavalry	...			1	2	1	2		1	...		
Regiment of Infantry	...			1	2	1	2		1	...		
Detached Wing of Cavalry or Infantry, or detachments of 200 individuals and upwards	...			1	1	1	1		1	...		
Smaller detachments	...			...	1	...	1		1	...	
<i>Native Troops.</i>								Camels.	Mules.			
Battery of Artillery	...			1	1	1	1	1	1*	...	1	
Regiment of Cavalry	...			1	1	1	1	2	...	...	1
Squadron of Cavalry	...			1	1	1	1	2	...	...	1
Regiment of Infantry or Sappers	...			1	1	1	1	2	...	...	1
Wing of Infantry or Sappers	...			1	1	1	1	2	...	...	1
Detachments of 200 troops and upwards	...			1	1	1	1	*	...	...	1
Smaller detachments	...			...	1	...	1	1†	...	...	...

To be carried in the compartment sanctioned for medical subordinates.

* Mountain battery only.

† Per troop or company.

Appendix XXVI.]

Scale of Ambulance Transport.

APPENDIX XXVI.

See section 16,
paragraphs 29 &
34.

Scale of Ambulance Transport on ordinary movements on the plains.

CORPS.	Field ambulances (2-wheeled) to hold 4 men.	Doolies.	DANDIES TO TROOPS SERVING NORTH OF JHELUM.	
			Common.	Bareilly.
<i>British Troops.</i>				
Battery of Royal Artillery.	Horse	For 3 per cent. of strength.	2	1
	Field		2	1
	Garrison		2	1
	Heavy		2	1
	Mountain { Plains... ..		2	1
			Hills	2	1
Regiment of ...	Cavalry... ..	For 3 per cent. of strength.	4	2
	Infantry { Plains... ..		6	3
			Hills	6	3
Company of Royal Engineers	...	{ For 5 per cent. of strength.	...	...
<i>Native Troops.</i>				
Battery of Artillery	...	...	2	1
Regiment of ...	Cavalry	2	4	2
	Infantry	2	6	3

APPENDIX XXVII.

See section 16,
paragraph 29.

Scale of Ambulance Transport for British Troops on ordinary move-
ments in the hills, where no cart road has been constructed.

For whom to be provided.	Description of carriage.	REMARKS.
Bad cases	The plains doolie, and 8 bearers.	The description and quanti- ty of this carriage to be in- dented for by medical offi- cers in charge.
Other cases	1 jhampan with cover and 6 coolies;* 1 dandy with 4 coolies; and ponies for those not requiring the above.	
Stores	Ponies or coolies, discretionary ...	Not inclusive of one maund baggage per man.

The weight allowed for each description of carriages is as follows :—

Two-and-a-half maunds to one bullock.

Two maunds to pony.

Half-maund to one coolie.

* 8 coolies between Kalka and adjacent hill stations.

Scale of Ambulance Transport.

[Appendix XXVIII.]

APPENDIX XXVIII.

Scale of Ambulance Transport for the Punjab Frontier Force, vide See section 16, paragraph 29.
standing orders Nos. 101, 102, 339, and 340.

101. The following is the scale of carriage sanctioned on the line of march:—

1 camel for each pair of kajawahs.

1 coolie for each fracture or Bareli dandy, when Kahars of the public establishment are not available.

102. Common dandies should be carried on the hospital doolies.

339. The following is the authorised complement of kajawahs, dandies, fracture dandies, and mule trunks:—

CORPS.			Kajawahs.	Carpet dandies.	Bareli dandies.	Mule trunk .
Cavalry	...	...	3	3	2	6
Infantry	...	...	5	8	3	8
Artillery	...	...	1	2	1	2

340. The following is the Kahar establishment attached to regiments of the force:—

CORPS.		Doolies.	BEARERS.		
			Sirdars.	Mates.	Kahars.
Corps of guides	...	12	...	1	74
Artillery, per battery	...	1	...	1	5
Cavalry, per regiment	...	6	1	1	36
Infantry, per regiment	...	8	1	1	48

Regiments in Hazara (including the 5th Ghurka Regiment) are each allowed only 1 mate, 30 bearers, and 5 doolies.

Appendix XXIX.]

Scale of Camp Equipage, &c.

APPENDIX XXIX.

Scale of camp equipage, carriage and tent-lascars, to be supplied by commanding officers for hospital purposes.

See section 16, paragraph 25.

CORPS.	TENTS.										Tent Lascars.	Carriage.
	STAFF SER-GEANTS.	EURO-PEAN PRI-VATES'.		DOUBLE-FLY PALS.		SINGLE-FLY PALS.		Necessary pāls for sick.	Necessary tent for Warrant Medical Officer.	Native army pāls for sick.		
	Warrant Medical Officer.	Sick Soldiers.	Office and Surgery.	Warrant Medical Officer.	Sick Europeans.	Office and Surgery.	Army Hospital Native Corps.						Sick Natives.
<i>British Troops.</i>												
Battery of Royal Artillery.	{ Horse, Field, or Heavy	1	1	..	..	..	1	1*	..	1	1	..
	{ Garrison	1	1	..	..	..	1	1	..	1	1	..
	{ Mountain { Plains Hills	1	1	..	..	..	1	1†	1	1	1	..
		..	..	..	1	1	1	1†	1	..	1	..
Regiment of	{ Cavalry	1	2	1	..	..	..	1†	..	1	1	..
	{ Infantry	1	2	1	..	..	..	1	..	1	1	..
Detachments of over 50 men and under the strength of a Wing.		1	1	..	..	..	1	1	..	1	1	..
Detachments of 50 men and under.		1	..	..	..	..	..	..	..	1	..	..
<i>Native Troops.</i>												
Regiment of	{ Cavalry { Full regiment. Squadron.	..	..	..	..	..	..	..	..	..	..	2*
		..	..	..	..	..	..	..	..	..	..	1*
	{ Infantry { Full regiment. Wing	..	..	..	..	..	..	..	..	..	..	4*
		..	..	..	..	..	..	..	..	..	..	2†
Sappers and Miners		1	1		..	..	..	..	..	..	..	1 per company.*
One per tent for cavalry and horse, light field, and mountain batteries; detachments of invalids proceeding to ports of embarkation; and convalescents proceeding to hill depôts; and tents occupied by medical subordinates. One per two tents for detachments of recovered men returning from hill depôts and mixed detachments of recruits, volunteers, or time-expired men.												
Camels—1¼ for staff sergeant's tent, or 2 elephants for 5 staff sergeants' tents. Two camels for privates' tent, new pattern, or 1 camel and 1 elephant or 1½ elephant for 2 privates' tents, new pattern. If old pattern privates' tents, 3 camels, or 1 elephant, to 2 tents. ¾ camel for 1 single pāl or 1 elephant for 4 pāls.												

* With one tent lantern per tent with authorised allowance of oil and cotton wicks to be supplied by the commissariat department. A water-vessel with cover is authorised as follows, for dispensary purposes:—

Native Cavalry	...	{	Full regiment	...	...	...	1
			Detached squadron	...	...	...	1
Native Infantry	...	{	Full regiment	...	...	...	1
			Wing	...	...	...	1

Battery of Native Artillery, or detached troop or company of native troops 1

† And hospital-assistant.

Scale of Rest-camp Equipment.

[App. XXX & XXXI.

APPENDIX XXX.

Scale of Hospital Equipment for British troops proceeding by railway from one station to another. See section 11, paragraph 72.

DESCRIPTION OF ARTICLES.	SCALE.		SCALE.	REMARKS.
	Proportion	to number of sick.		
Blankets, English, white	1	each	} For 1 per cent. of sick on strength.	
Pillows, cotton, small, with covers.	1	"		
Towels	1	"		

APPENDIX XXXI.

Scale of Supplies and Equipment for Rest-camp non-dieted Hospitals. See section 11, paragraph 18, paragraph 72.

SECTION I.—MEDICAL COMFORTS.

Brandy ...	... 3 bottles.	Sugar, in canister	... 10 lbs.
Tarragona wine	... 6 bottles.	Essence of beef	... 5 lbs.
Sago, in canister	... 5 lbs.	Condensed milk	... 5 lbs.
Arrowroot, canister	... 5 lbs.		

Note.—Supplies renewable on monthly requisition, and expenditure supported by bed-head diet-sheets in original.

SECTION II.—MEDICINES.

Acidum Aceticum ...	... 2 ozs.	Extractum Colocynthis Co.	4 ozs.
„ Carbolicum Glaciale ...	1 lb.	„ Hyoscyami	... 1 oz.
„ Gallicum ...	1 oz.	Glycerinum	... 4 ozs.
„ Nitro-Hydrochloricum	8 ozs.	Hydragryri Subchloridum	... 2 ozs.
„ Sulphuricum dilutum	1 lb.	Hydrargyrum Cum Creta	... 1 oz.
„ Tartaricum	... 8 ozs.	Ipecacuanhæ Radicis Pulvis...	1 lb.
Ammonia Carbonas	... 8 ozs.	Linimentum Camphoræ Co.	... 3 lbs.
Aqua Distillata ...	... 1½ lbs.	Liquor Ammoniaë ...	... 4 ozs.
Argenti Nitras ...	... 1 oz.	„ „ Acetatis	... 4 lbs.
Bismuthi Subnitras	... 4 ozs.	„ Epispasticus	... 2 ozs.
Borax ...	... 2 ozs.	„ Plumbi Subacetatis	... 4 ozs.
Cholorodyne ...	... 4 ozs.	Magnesia Carbonas	... 8 ozs.
Cinchona Alkaloids	... 2 lbs.	Morphia Hydrochloras	... ½ oz.
Creasotum ...	... 4 drs.	Oleum Menthæ Piperitæ	... 1 oz.
Creta Præparata ...	... 1 lb.	„ Papaveris ...	... 1½ lbs.
Cupri Sulphas ...	... 2 ozs.	„ Ricini ...	... 9 lbs.
Emplastrum Resinæ	... 2½ lbs.		

Appendix XXXI.]

Scale of Rest-camp Equipment.

APPENDIX XXXI.—*Scale of Supplies and Equipment for Rest-camp non-dieted Hospitals—concluded.*SECTION II.—MEDICINES—*concluded.*

Oleum Terebinthinæ	... 8 ozs.	Spiritus Æther Nitrosi	... 1 lb.
Opium	... 2 ozs.	„ Ammoniæ Aromaticus	1 lb.
Pilula Hydrargyri	... 3 ozs.	„ Chloroformi	... 1 lb.
„ Rhei Co.	... 3 ozs.	„ Rectificatus	... 1 lb.
„ Scillæ Co.	... 1 oz.	Tinctura Camphoræ Co.	... 1½ lbs.
Podophylli Resinæ	... ½ oz.	„ Cardamomi Co.	... 1 lb.
Potassæ Tartras Acida	... 1 lb.	„ Catechu	... 1½ lbs.
Potassii Iodidum	... 8 ozs.	„ Ferri Perchloridum	... 8 ozs.
Pulvis Creta Aromaticus	... 4 ozs.	„ Hyoscyami	... 8 ozs.
„ Ipecacuanhæ Co.	... 8 ozs.	„ Kino	... 8 ozs.
„ Jacobi Co.	... 2 pks.	„ Opii	... 1 lb.
„ Jalapæ Co.	... 2 lbs.	„ Rhæi	... 8 ozs.
„ Rhei Co.	... 2 lbs.	Unguentum Hydrargyri	... 1 oz.
Quiniæ Sulphas	... 1 lb.	„ Resinæ	... 8 ozs.
Rhei Radicis Pulvis	... 4 ozs.	Vinum Ipecacuanhæ	... 2 lbs.
Soda Bicarbons	... 1½ lbs.	Zinci Sulphas	... 4 ozs.

Note.—First supply from medical depôt, subsequent in emergency from the nearest station hospital, under the authority of the senior medical officer.

SECTION III.—SURGICAL EQUIPMENT.

Catheters, silver, male	... 1 set.	Pestle and mortar,	
„ „ female	... No. 1	brass	... No. 1
Corks	... As required.	Pins	... 1 paper.
Cork-screws	... No. 1	Pocket-case, large	... No. 1
Funnels, composition	... No. 1	Scales and weights,	
Gallipots, English	... 1 dozen.	grains	... No. 1
„ country	... 1 dozen.	Scissors, shop	... No. 1
Guttapercha, tissue	... As required.	Sheet, waterproof	... No. 1
Instruments, tooth	... 1 set.	Slabs, wedgewood	... No. 1
Lint	... As required.	Spatulas, bolus	... No. 2
Measures, glass, 4 ozs.	... No. 1	Stethoscope	... No. 1
„ „ minim.	... No. 1	Syringe, enema, child's	No. 1
Pans, bed, crockery	... No. 2	„ „ Reid's patent	No. 1
Paper, wrapping	... As required.	Tow, English	... As required
Pestle and mortar, wedge-		Urinals, earthenware,	
wood	... No. 1	English	... No. 2

Note.—First supply from medical depôt, subsequent in emergency from the nearest station hospital, under the authority of the senior medical officer. Any article, or quantity required in excess of the above scale, can only be supplied under the authority of the surgeon-general.

SECTION IV.—BAZAR SUPPLIES.

Alum	... 8 ozs.	Cloth, sheeting	... 10 yards.
Baskets	... No. 2	Cotton, cleaned	... 2 lbs.
Bottles, empty, quarts	... No. 12	Charcoal	... As required.
„ pints	... No. 12	Flannel, country	... 3 yards.
Brooms	... No. 3	Ginger, dry	... 4 ozs.
Cloth, long, fine	... 2 yards.	Jallahs, with covers	... No. 2
„ nainsook	... 4 yards.	Mustard, Europe	... 2 lbs.

Scale of Rest-camp Equipment.

[Appendix XXXI.]

APPENDIX XXXI.—*Scale of Supplies and Equipment for Rest-camp non-dieted Hospitals—concluded.*

SECTION IV.—BAZAR SUPPLIES—*concluded.*

Oil, linseed	... 3 lbs.	Surahies	... No. 6
Phials, country	... 2 dozens.	Suet, mutton	... 3 lbs.
Poultice { Flour	... As required.	Wax, white	... 2 lbs.
material { Linseed-meal	... As required.	Wood	... As required

Note.—The above scale is intended for the whole season, and can only be exceeded under the authority of the deputy surgeon-general on special requisition.

SECTION V.—STATIONERY.

Blank-books, ward use	... No. 2	Paper, cartridge, white	... 2 quires.
„ foolscap,	} No. 1	„ foolscap	... 4 quires.
2 quires		Pencils, lead	... No. 2
Envelopes, $8\frac{1}{2} \times 3\frac{3}{4}$ inches	... No. 200	Pen-knife	... No. 1
Guard-book	... No. 1	Pen-holders	... No. 2
Ink-bottles, glass	... No. 2	Rulers, 24-inches	... No. 1
Ink, fluid, black	... 2 quarts.	Steel-pens, J nibs	... No. 24
Paper, blotting	... $\frac{1}{2}$ quire.	Blank-forms	... As required.

Note.—The above scale is intended for the whole season, and can only be exceeded under the authority of the deputy surgeon-general on special requisition.

SECTION VI.—DISINFECTANTS.

Carbolic Acid	... 5 lbs.	Sulphur	... As required.
Macdougall's powder	... 10 lbs.		

Note.—The above supply is intended for the whole season, and can only be exceeded under the authority of the deputy surgeon-general on special requisition.

SECTION VII.—MISCELLANEOUS ARTICLES.

Basins, wash-hand, metal	... No. 2	Measures, wine, 1 and 2 ozs....	No. 1
Boilers, copper, small, with covers	... No. 1	Petarrah's, with locks and keys	... 1 pair.
Cups, drinking, block tin	... No. 5	Pillows, cotton	... No. 10
Doolies, when bearers are sanctioned	... No. 1	Plates, block-tin...	... No. 5
Mattresses	... No. 10	Sauce-pans with covers, quart	No. 1
Pans, close-stool, copper	{ 1 per close stool.	Spoons, desert, nickel silver	... No. 5
		Tins, fomenting...	... No. 1
		„ for cooking poultices	... No. 1

Appendix XXXII.]

Contents of Field Panniers.

APPENDIX XXXII.

Contents of Field Panniers.

See section 16,
paragraph 11.

No. 1 PANNIER.

Medicines.

Acidum Carbolicum Glaciale	...	...	4 ozs.
„ Gallicum	...	...	1 oz.
„ Sulphuricum Dil.*	...	...	2 ozs.
Ammoniaë Carbonas	...	...	2 ozs.
Antimonium Tartaratum	...	...	4 drs.
Argenti Nitras	...	...	1 oz.
Charta Sinapis	...	...	1 tin.
Chloral Hydras	...	...	2 ozs.
Chloroformum	...	...	8 ozs.
Cupri Sulphas	...	...	1 oz.
Extractum Colocynthis Co.	...	...	2 ozs.
Hydrargyri Subchloridum	...	...	1 oz.
Injectio Morphiaë Hypodermica	...	...	2 ozs.
Ipecacuanhæ Radicis Pulvis	...	...	4 ozs.
Jalapæ Radicis Pulvis	...	...	4 ozs.
Mistura pro Diarrhæa†	...	...	4 ozs.
Oleum Menthæ Piperitæ	...	...	1 oz.
„ Papaveris	...	...	12 ozs.
„ Terebinthinæ	...	...	4 ozs.
Opium	...	...	2 ozs.
Pills.—Hydrargyri Subchloridum, Opii, aa. gr. 1, in each pill	...	...	4 dozs.
Pills.—Plumbi Acetas grs. 3, Opii gr. 1, Calumbæ Pulvis gr. 1, in each pill	...	...	4 dozs.
Pills.—Hydrargyri Subchloridum, Pil. Rei Co., Extract. Colocynth. Co. aa grs. 2, in each pill	...	...	6 dozs.
Pills.—Camphora grs. 3, Opii gr. 1, Capsici Pulvis gr. ½, in each pill	...	...	6 dozs.
Plumbi Acetas	...	...	1 oz.
Pulvis Ipecacuanhæ Co.	...	...	4 ozs.
Quiniæ Sulphas	...	...	8 ozs.
Spiritus Ætheris Nitrosi	...	...	4 ozs.
„ Ammoniaë Aromaticus	...	...	8 ozs.
Tinctura Camphoræ Co.	...	...	8 ozs.
„ Ferri Perchloridum	...	...	4 ozs.
„ Opii	...	...	8 ozs.
Unguentum Simplex	...	...	8 ozs.
Rum, 10 per cent. under proof	...	...	1 pint
Water	...	...	1 pint
Empty stoppered phials	...	...	As required.

* Pure on field service.

† Oil of Aniseed, Oil of Cajuput, and Oil of Juniper, each a drachm and a half; Liquor Acid Halleri and Tincture of Cinnamon each two drachms: mix. Liquor Acid Halleri is composed of one part Sulphuric Acid and three parts Rectified Spirits.

Contents of Field Panniers.

[Appendix XXXII.]

APPENDIX XXXII.—*Contents of Field Panniers*—continued.*Materials.*

In Drawer No. 1.

Blotting book*	...	...	...	No. 1
Camel-hair pencils	...	...	...	No. 6
Cork-screw, compound	...	...	...	No. 1
Envelopes, official*	...	...	...	No. 25
Hypodermic syringe	...	...	...	No. 1
Ink-powder* ...	...	...	...	1 packet.
Inkstands, screw top*	...	...	...	No. 1
Labels, linen-backs*	...	...	...	No. 100
Paper, foolscap*	...	...	...	$\frac{1}{2}$ quire.
Pens, J nibs*	...	...	...	1 box.
Penholders* ...	...	...	...	No. 2
Pocket dressing case, large	...	...	...	No. 1
Scissors, shop ...	...	...	...	No. 1
Spatulas, bolus	...	...	...	No. 2
Spoons, dessert, nickel silver*	...	...	...	No. 2
Specification tallies, M. H. B. 16*	...	...	...	1 book.
Slab, 6 inches...	...	...	...	No. 1
Thermometer, clinical	...	...	...	No. 1

In Drawer No. 2.

Gallipots, English, nested...	...	...	...	No. 6
Horn-cup, graduated	...	...	...	No. 1
Measure glass, 2 ozs.	...	...	...	No. 1
" " minim	...	...	...	No. 2
Mortar and pestle, wedgewood	...	...	...	No. 1
Pack thread ...	...	...	...	1 ball.
Scales and weights, grains	...	...	...	1 set.

In Drawer No. 3.

Candles, sperm, carriage	...	...	...	1 lb.
Candlesticks	...	...	...	No. 2
Matches	...	...	...	2 boxes.

In Drawer No. 4.

Splints, Duncan's	...	...	...	1 set.
(The three longest pairs are in No. 2 Pannier.)				
Surgeon's instruments	...	...	...	1 case.

* For camps of exercise and field service only.

Appendix XXXII.]

Scale of Field Panniers.

APPENDIX XXXII.—*Contents of Field Panniers*—continued.

No. 2 PANNIER.

In Basket A.

Bandages	1 doz.
----------	-----	-----	-----	-----	--------

Housewives, fitted, complete, containing—

Needles, sewing	}	No. 2
" surgeon's				
Pins				
Scissors, dressing				
Silk, ligature				
Thread				
Tape				
Wax				

Lint	...	...	...	...	1 lb.
Plaster, adhesive, in tins of 1 yard each	...	...	...	...	No. 2
Sponges	...	...	...	...	No. 4
Sponge-bags	...	...	...	...	No. 2
Tourniquets, field	...	...	...	...	No. 2
" screw	...	...	...	...	No. 2

NOTE.—*This basket is so constructed, and the contents so arranged, as to form two dressing-trays when occasion requires. Half of the articles above specified are for each dressing-tray.*

In Basket B.

Angular basins, metal	...	...	...	No. 2
Bed-pan, pewter	...	...	...	No. 1
Clavicle bandages	...	...	...	1 doz.
Cotton wool	...	...	...	1 lb.
Drinking cups, tin	...	...	...	No. 2
Etna	...	...	...	No. 1
Extract of Beef in 4 tins*	...	...	...	2 lbs.
Methylated spirits	...	...	...	1 tin.

In Wrapper. †

Cloth, nainsook, for dressing	...	...	4 yds.
" sheeting, for bandages	...	...	10 yds.
Spongio piline	...	...	$\frac{1}{2}$ yd.
Tow, Europe	...	...	1 lb.
Water-proof sheeting (wrapper †)	...	...	$\frac{3}{4}$ yd.

* For camps of exercise and field service only.

Scale of Field Panniers.

[Appendix XXXII.]

APPENDIX XXXII.—*Contents of Field Panniers*—continued.

No. 2 PANNIER—continued.

Strapped in the Lid.

Memorandum book*	...	...	...	No. 1
Splints, Duncan's	...	...	...	3 pairs.

Strapped outside and on top of the Panniers.

Liston's folding inclined plane in leather case	...	No. 1
---	-----	-------

Contents of Surgeon's case.

IN FIELD PANNIER No. 1.

Bistoury, straight, sharp	...	...	No. 1
„ curved	...	...	No. 1
„ „ button	...	...	No. 1
„ hernia	...	...	No. 1
Canula, tracheotomy, silver, double	...	...	No. 1
Catheters, elastic, gum (Nos. 1, 4, 7 and 9)	...	...	No. 4
„ silver, male (Nos. 3, 5 and 8)	...	...	No. 3
Director, hernia, steel	...	...	No. 1
Elevator, double	...	...	No. 1
Forceps, artery, Liston's	...	...	Pr. 1
„ bone	...	...	Pr. 1
„ bullet	...	...	Pr. 1
„ Dieffenbach's	...	...	Prs. 2
„ dissecting, large	...	...	Pr. 1
Knives, Liston's, 6, 9 and 11 inches	...	..	No. 3
Needles, Liston's, in handle	...	...	No. 1
„ aneurism, steel	...	...	No. 1
„ curved, for sutures	...	...	No. 6
Probe, gun-shot, silver	...	...	No. 1
Probang, extracting, double	...	...	No. 1
Saw, amputating, single	...	...	No. 1
„ with movable back	...	...	No. 1
Scalpels	...	...	No. 3
„ tang	...	...	No. 1
Tenaculum, common	...	...	No. 1
Tourniquet, screw	...	...	No. 1

* For camps of exercise and field service only.

Appendix XXXIII.] Scale of Field Medical Panniers and Companion.

APPENDIX XXXII.—*Contents of Surgeon's case.*—concluded.IN FIELD PANNIER No. 1—*concluded.*

Trephine, medium	...	...	No. 1
Trocar and canula, bladder	...	...	No. 1
Trocar, hydrocele	...	...	No. 1
Thread, Ferguson's	...	...	Oz. $\frac{1}{2}$
Silk, ligature, reel	...	...	No. 1
Wire, sutures	...	...	No. 1

NOTE.—This case will be introduced, as the present portable case of amputating instruments are rendered unserviceable. In the meantime one of the cases of present equipment should be issued instead.

APPENDIX XXXIII.

Contents of Field Medical Companion.

See section 16,
paragraph 11.

MEDICINES.

Chloroformum	...	...	Ozs. 2
Empty phial to hold 2 ozs. of the Hypoder-	...	...
mic Injection of Morphia	...	...	No. 1
Mixtura pro Diarrhœa*	...	...	Ozs. $1\frac{1}{2}$
Spiritus Ammoniaë Aromaticus	...	...	Ozs. $1\frac{1}{2}$
Tinctura Opii	...	...	Ozs. $1\frac{1}{2}$

POWDERS—12 of each prescription, as follows:—

No.1 { Morphia Acetas	...	gr. $\frac{1}{2}$	} in each powder.
Plumbi Acetas	...	gr. iv.	
No.2—Antimonium Tartaratum	...	gr. i.	} in each powder.
Hydrargyri Subchloridum	...	gr. iij.	
No.3 { Pulvis Jacobi	...	gr. v.	} in each powder.
Pulvis Ipecacuanhæ Co.	...	gr. x.	
No. 4—Pulvis Kino Co.	...	gr. xx.	} in each powder.
No. 5—Pulvis Cretæ Aromaticus cum	...	gr. xl.	
Opio	...	gr. xl.	} in each powder.
No. 6—Pulvis Jalapæ Co.	...	gr. xl.	

* For receipt, see contents of No. 1 Field Pannier.

Contents of Field Medical Companion. [Appendix XXXIII.]

APPENDIX XXXIII.—*Contents of Field Medical Companion—*
concluded.

PILLS.—48 of each prescription, as follows :—

No.1	{ Hydrargyr Subchloridum	gr. i.	} in each pill.
	Pulvis Opii	... gr. i.	
No.2	{ Plumbi Acetas	... gr. iij.	} in each pill.
	Pulvis Opii	... gr. i.	
No.3	{ Hydrargyri Subchloridum	gr. ij.	} in each pill.
	Pilula Rhei. Co.	... gr. ij.	
	Extractum Colocynthis Co.	gr. ij.	
No.4	—Quiniæ Sulphas	... gr. i.	in each pill.
No.5	{ Camphora	... gr. iij.	} in each pill.
	Pulvis Opii	... gr. ij.	
	Pulvis Capsici	... gr. $\frac{1}{2}$	

SURGICAL APPLIANCES, &c.

Bandages, calico	...	...	No. 2.
„ clavicle	...	...	No. 2.
„ suspensory	...	...	No. 2.
Cotton wool. ...	...	...	$\frac{1}{4}$ lb.
Candle and wax matches	...	...	in tin case.
Cloth, dressing, nainsook	...	...	$\frac{1}{2}$ yard.
„ sheeting	...	...	$\frac{1}{2}$ yard.
Gutta-percha tissue	...	...	$\frac{1}{4}$ yard.
Horn-cup, graduated	...	...	No. 1.
Hypodermic syringe	...	...	No. 1.
Lint	...	...	$\frac{1}{4}$ lb.
Measure glass, minim	...	...	1 in case.
Plaster, adhesive	...	...	1 yard.
Sponges, surgeon's, in water-proof bag	...	...	No. 3.
Splints	...	...	1 set.
Tin basin, small, in water-proof bag	...	...	No. 1.
Tourniquet, screw	...	...	No. 1.
Rum in pint flask	...	...	No. 1.

LEATHER CASE containing—

Ligature flax	...	...	1 oz.
„ silk	...	...	$\frac{1}{2}$ oz.
Pins	...	...	$\frac{1}{2}$ paper.
Scissors, dressing	...	...	1 pair.
Surgeon's needles	...	...	1 doz.
Tape wax	...	...	1 piece.
White wax	...	...	1 piece.

STRAPPED ON COVER OF FIELD COMPANION.

Tin water bottle with cup, No. 1.

Appendix XXXV.]

Contents of Field Havresack.

APPENDIX XXXIV.

Contents of Field Havresack.

See section 16,
paragraph 11.

Bandages	...	...	...	No. 6
Scissors, dressing	...	...	...	No. 1
First field dressings*	...	...	...	No. 6
Clasp knife	...	...	...	No. 1
Field tourniquet	...	...	...	No. 1
Pins, common	...	...	...	Dozs. 2

APPENDIX XXXV.

Contents of Railway Medical Companion.

See section 16,
paragraph 11.

Adhesive plaster	...	...	...	15 by 9 inches.
Bandages	...	...	...	No. 4
Folding cork-screw	...	...	...	No. 1
Graduated horn drinking mug	...	...	...	No. 1
Laudanum	...	...	...	Oz. $\frac{1}{2}$
Minimum measure in case	...	...	...	No. 1
Mistura pro diarrhœa†	...	...	...	Ozs. 2
Mustard leaves	...	...	...	Tin 1
Pins	...	...	...	Paper 1
Pint flask (covered with wicker-work) of rum	...	...	...	No. 1
Pint flask (covered with wicker-work) of water	...	...	...	No. 1
Pocket dressing case, small	...	...	...	No. 1
Sal volatile	...	...	...	Ozs. 2
Simple dressing	...	...	...	15 by 9 inches.
Tin box of prepared medicines‡	...	...	...	No. 1
Tourniquet, field	...	...	...	No. 1

* Each packet will comprise—

1 triangular bandage.

1 piece of lint, 6 by 9 inches.

2 pieces dressing (simple ointment with 2 per cent. carbolic acid, spread on lint each 2½ by 3 inches) folded in a piece of gutta-percha tissue or oiled paper 5 by 7 inches.

6 ordinary pins.

The whole to be wrapped in a piece of stout paper 10 by 14 inches, and folded in a package about 4½ inches square.

† For recipe, see contents of No. 1 Field Pannier.

‡ Contents of tin box of prepared medicines...

Quinine pills, 2 grains	...	...	...	2 dozs.
Cough pills (Pil. Scilæ Co. grs. ij, Ipecacuanha gr. $\frac{1}{2}$)	...	...	...	2 dozs.
Aperient pills (Pil. Rhei Co. grs. v.)	...	...	...	2 dozs.
Opium pills, 1 grain each	...	...	...	2 dozs.
Gallie acid and Opium pills (Acid Gallie grs. iij., Opii. gr. i.)	...	...	...	2 dozs.
Ipecacuanha powders, 20 grains	...	...	...	1 doz.

Contents of Banghy Petarrahs.

[Appendix XXXVI.]

APPENDIX XXXVI.

*Articles recommended to be carried in the Banghy
Petarrahs when supplied to supplement the Field
Panniers.*

See section 16,
paragraph 11.

MEDICINES.

Acidum Nitro-Hydrochloricum Dilutum	...	2 ozs.
„ Tartaricum	...	2 ozs.
Chloroformum <i>for field service only</i>	...	8 ozs.
Liquor Ammonia Acetatis	...	1 lb.
Magnesia Sulphas	...	1 lb.
Oleum Ricini	...	1 quart.
Pulvis Rhei Co.	...	4 ozs.
Quinetum or Chinchona Febrifuge	...	8 ozs.
Soda Bicarbonas	...	8 ozs.
Spiritus Rectificatus	...	8 ozs.
Vinum Ipecacunahæ	...	8 ozs.
Unguentum Hydrargyri Nitratis	...	2 ozs.
„ Resinæ	...	2 ozs.

INSTRUMENTS.

Midwifery instruments <i>when desirable</i>	...	No. 1
Stethoscope	...	No. 1
Syringe, enema, with stomach pump	...	No. 1
„ glass, urethra, male	...	No. 3
Tooth instruments	...	No. 1

SUNDRIES.

Funnel	...	No. 1
Fomentation flannels	...	No. 2
Soap, carbolic	...	Cakes 2
Tape, country	...	Yds. 10
Needles, sewing	...	No. 6
Thread, „	...	Reel 1

NOTE.—Medical officers are at liberty to take in the petarrahs anything they are likely to require, provided the authorised weight (40 to 50 lbs. per pair) is not exceeded.

Appendix XXXVII.] Cubic and Superficial Space.

APPENDIX XXXVII.

Scale of cubic and superficial space for British and Native Troops.

See section 17,
paragraphs 22
and 24.

BUILDINGS.					PER MAN.	
					Superficial space.	Cubic space.
EUROPEAN TROOPS.					Feet.	Feet.
Barracks	...	...	{ Plains	...	90	1,800
			{ Hills	...	60	600
Hospitals	...	...	{ Plains	...	120	2,400
			{ Hills	...	102	1,632
						to
Cells	...	...	{ Plains	...	130	1,836
			{ Hills	...	100	2,080
Quarter-guard-rooms		...	{ Plains	...	90	1,300
			{ Hills	...	60	1,800
Hospital ditto		...	{ Plains	...	90	1,440
			{ Hills	...	60	600
Married Quarters, Class I		...	{ Plains	...	224	...
			{ Hills	...	196	...
Ditto Class II		...	{ Plains	...	364	...
			{ Hills	...	336	...
Ditto Class III		...	{ Plains	...	448	...
			{ Hills	...	392	...
Staff Sergeant's Quarters, Class A.			{ Plains	...	576	...
			{ Hills	...	472	...
Ditto, Class B.			{ Plains	...	416	...
			{ Hills	...	392	...
Sergeants' Quarters, Class C.			{ Plains	...	364	...
			{ Hills	...	336	...
Schools	...	...	...	...	8 to 20	...
Mess and Recreation Rooms		...	{ Plains	...	30	...
			{ Hills	...	45	...
NATIVE TROOPS.						
Barracks	...	...	...	...	62·5	875
Quarter-guard-rooms		...	...	...	48	440
Cells	...	...	...	...	100	1,200
Hospitals	...	...	...	...	60	810
Married Quarters		...	...	...	120	...
Hospital guard-room		...	...	...	48	440

Lock Hospitals.

[Appendix XXXVIII.]

APPENDIX XXXVIII.

See section 17,
paragraph 77.

STATIONS AT WHICH LOCK HOSPITALS ARE AUTHORISED.

First Class.

Agra.
Allahabad.
Bareilly.
Benares.
Cawnpore.
Delhi.
Dinapore.
Ferozepore.
Fyzabad.
Jullundur.

Lucknow.
Meean Meer.
Meerut.
Mooltan.
Morar.
Peshawar.
Rawul Pindi.
Sialkot.
Umballa.

Second Class.

Barrackpore.
Dum-Dum.
Jubbulpore.
Moradabad.
Nowshera.
Naini Tal.

Ranikhet.
Roorkee.
Saugor.
Shahjehanpur.
Sitapur.

Third Class.

Attock.
Chakrata.
Dalhousie.
Darjeeling.
Dagshai.
Fatehgarh.
Jhansi.
Kasauli.

Murree.
Muttra.
Nowgong.
Pachmarhi.
Solun, for six months in each
year.
Subathu.

Appendix XXXIX.]

Cholera and Small-pox Rules.

APPENDIX XXXIX.

See section 17,
paragraphs 83,
89, 125, and 127.

Rules regarding the measures to be adopted on the outbreak of Cholera amongst British Troops¹.

SECTION I.—PRECAUTIONS NECESSARY IN ANTICIPATION OF THE
APPEARANCE OF CHOLERA.

Necessity for
constant atten-
tion to the sani-
tary condition of
the station.

1. The outbreak of cholera is often so sudden and virulent, that all precautionary measures must be taken beforehand. Experience has shown that, like many other diseases, the extent of its diffusion is in no small degree dependent on local insanitary conditions, and it is therefore essential that every station should be preserved in a state of constant preparation to meet a danger which may come at any time. The personal cleanliness of the men is a matter of much consequence as a preventative measure.

Increased
vigilance
demanded if
cholera
threatens.

2. General and other officers in command should at all times give their utmost attention to the conservancy and general sanitary condition of a station. If an outbreak appears probable, every ordinary precaution should be attended to with increased vigilance; but if the disease has actually appeared in the cantonment or its vicinity, more harm than good is likely to arise from any attempts at improvement which may then be made. This is not the time to cleanse foul drains or to remove nuisances, which may have hitherto been neglected, and such possible sources of disease should, in these circumstances, be left undisturbed.

Duties of staff
surgeon and
cantonment
magistrate as
regards the
bazaars.
Precautionary
measures in
barracks.

3. Whenever cholera is to be apprehended, the staff surgeon and cantonment magistrate should keep a special watch on the condition of the bazaars, and any case of cholera should be immediately reported to the officer commanding the station. The register of deaths should be carefully scrutinised.

4. Especial care should be taken to prevent crowding in barracks and hospitals; and, during the hot season, a portion of the men should be permitted to sleep in tents pitched for the purpose in the vicinity of the barracks. If cholera threatens, even though the men may have the full regulated amount of space, they should be spread out as much as possible, advantage being taken of any spare buildings which can be conveniently employed.

5. The early treatment of premonitory symptoms is of very great importance, and of these looseness of the bowels is the chief. At seasons, therefore, when cholera threatens, and still more so, when it is more than usually prevalent, commanding officers should give the most precise orders on this subject, and see that measures are taken for paying the most vigilant attention to the health of the men in barracks, and for treating in observation wards all slight cases of diarrhoea or other disease, which, if neglected, might pass into cholera. As the men during cholera time have a natural dread of going into hospital, and are apt on this account to conceal the early symptoms in order to escape being sent there, it is of importance that every facility for the immediate treatment of diarrhoea should be afforded them in barracks. Non-commissioned officers in each room should accordingly be provided with suitable medicines, care being taken that the proportion of opium or any other dangerous drug should be small.

Sanitary
measures
necessary
when new
buildings are
being carried
on.

6. Whenever new buildings are being carried on, it is most important, with regard to the health of their future occupants, that the ground and water in the neighbourhood should be protected from pollution. Special care must be taken that proper conservancy arrangements are organised for workmen, coolies, &c., and that the orders are strictly enforced. The workmen should not be

¹ The same principles as are contained in these rules should govern the measures to be taken when cholera appears among *native troops*; but as the disease rarely attacks them with any great severity, it is left to the military and medical authorities on the spot to determine in their case how far the procedure herein prescribed ought to be adopted under the particular circumstances.

Cholera and Small-pox Rules.

[Appendix XXXIX.

APPENDIX XXXIX.—*Cholera Rules*—continued.

allowed to sleep in or about barracks and other public buildings under construction. In exceptional cases, where no accommodation exists, temporary huts should be erected for them.

7. If cholera appears in the neighbourhood, the soldiers and other residents of cantonments should be warned against the danger of visiting the affected locality. The same principle should be acted on on all occasions so long as the disease continues, for visiting any place where cholera exists is always attended with more or less risk. As one valuable means of attaining this object, the provision of stores attached to the regimental canteen should be encouraged, so that soldiers and their families may be able to supply their wants without going to the city or bazaars.

Communication with affected localities to be prevented.

8. Camping grounds to be used in the event of an outbreak of cholera have now been selected for all cantonments. Some of them are in the neighbourhood and others at a greater distance, involving several marches or a journey by rail. If cholera threatens, officers commanding divisions, districts, or stations should make themselves acquainted with the condition of these camping grounds *at the time*, the state of the roads leading to them, and the supply of carriage available. Information should also be daily obtained from the civil authorities as to the history of cholera in the vicinity of each. In some instances slight expenditure may be needed for improving the drainage or water-supply of the grounds, both of which should receive careful attention.

Information regarding camping ground.

9. When the particular ground or grounds to be used has to be decided, regard should be had to the previous history of the neighbourhood, whether the place has been specially liable to, or exempt from, cholera, to the experience of bodies of men moved to them on account of cholera in former years—to the history of cholera in the villages around it at the time, whether the disease prevails among them or not—to the character of the ground as regards elevation, drainage, supply of good water and the presence of trees which afford valuable shade. Readiness of access is also an important element to be taken into account, and in this point of view camping grounds to be reached by rail should be within a short distance of the line.

Selection of particular camping grounds.

SECTION II.—MEASURES TO BE ADOPTED ON APPEARANCE OF CHOLERA.

10. If cholera has been prevalent in the neighbourhood, and if more than one case occur among the soldiers or their families under such circumstances as have been above stated, the formation of the preparatory camp should be considered imperative. The size of this camp will, of course, depend on the strength of the garrison and other circumstances. In some cases it will be advisable to provide for a proportion of the whole garrison, in others only for part of a particular regiment or battery. The exact size of the camp must be decided by the local authorities after a full consideration of all the facts and of the amount of danger to be anticipated. The previous history of the station as regards cholera will afford valuable data on this point.

Preparatory camp.

11. All necessary arrangements should, under the authority of the officer commanding, be made by the commissariat department in connection with the civil authorities for providing carriage, so that it may be at once available in case of its being required.

Carriage to be provided.

12. All information received by the military authorities should be at once communicated by them to the chief civil authorities of the district, who in their turn must be held responsible for obtaining immediate notice of the outbreak of cholera in their jurisdiction, and of communicating the fact to the military authorities without delay.

Military and civil authorities to communicate freely with each other regarding outbreak and progress of cholera.

Appendix XXXIX.]

Cholera and Small-pox Rules.

APPENDIX XXXIX.—*Cholera Rules*—continued.

Transmission of information need cause no alarm.

13. The transmission of information regarding cholera need cause no alarm. If it be thought necessary, the reports may be considered confidential; but it is believed that this will seldom or never be desirable. The knowledge that the attack of the disease is considered possible will be far more likely to produce beneficial than mischievous results, and the belief that the authorities are alive to the danger and prepared to meet it, will tend to allay, rather than to increase, alarm.

Utmost unanimity in all departments and hearty co-operation with the civil authorities essential.

14. The utmost unanimity is essential in all departments to give effect to the above recommendations; all should work cordially for the public good and in constant communication with the civil authorities, whose hearty co-operation is especially needed with regard to the supply of carriage. They should use every lawful means to prevent delay in obtaining carriage for the troops, as the loss even of a few hours in moving troops away from a station may lead to most serious consequences. On all occasions every use should be made of the movable column carriage. All movements of troops and changes of camping ground should be at once reported to the civil authorities of the district.

Every effort to be made to provide means of healthy amusement and occupation for the soldiers.

15. Special attention should be paid to everything which can tend to the improvement of the general health of the men. Every effort should be made to relieve them from duties which cause needless exposure and fatigue, and especially to avoid night duty, so far as this may be possible with due regard to military consideration; to ensure that their food is wholesome and their clothing appropriate; and to promote every means of healthy amusement and occupation.

Use of spirituous liquors to be guarded against.

16. It often occurs that soldiers, on a visitation of cholera, indulge in the use of spirituous liquors, under the impression that they are a preventive against the disease. Medical authorities unanimously condemn this baneful practice as a certain promoter of the disease, and commanding officers should therefore exert their influence in every way to prevent it.

Abandonment of buildings in which one or more cases of cholera have appeared, and arrangements for accommodation of the inmates.

17. On a case of cholera occurring in any building occupied by European troops, the room, or portion of the building in which it occurred, should be IMMEDIATELY vacated, and, except for the purpose of purifying it, no one should be allowed to enter it; if the whole building can be left, it will be still better. This is laid down as an absolute rule; for, although individual cases of cholera sometimes occur when there is no reason for anticipating an outbreak, instant removal from the building in which a case has occurred is the best safeguard; and, besides, it is necessary that the room or building in which the disease has shown itself should be vacated for the purpose of being purified. When men, under the above circumstances, are removed from a building, they must be kept separate, so far as may be possible, from the men among whom the disease has not shown itself, and, in arranging for their accommodation, care must be taken that there should be no overcrowding either of them or of others. Should no separate buildings be available, it is desirable that they be placed under canvas.

18. In carrying out this rule, the tents should be pitched in some convenient spot in the cantonment; and where only an individual case has occurred among the body of men so removed, this arrangement will, as a rule, be the best which can be adopted.

Rules applicable to women and children.

19. It is to be distinctly understood that these rules are equally applicable to the women and children if cholera should appear in their quarters, and that they are to be as strictly carried out; but endeavours should always be made to assign available buildings to them, so that the necessity of moving them into camp may, if possible, be avoided.

Buildings vacated on account of cholera when to be reoccupied.

20. Ten days after removal, and when the room or building which was vacated has been purified in the manner hereafter described, it may be reoccupied, provided no other circumstances have occurred meantime which may render such reoccupation undesirable.

Cholera and Small-pox Rules.

[Appendix XXXIX.]

APPENDIX XXXIX.—*Cholera Rules*—continued.

21. If a second case of cholera appears among the particular body so removed, they should be again moved. If a third case occur among this particular body within one week from the occurrence of the first case, then the men composing it should be immediately removed from the station to the preparatory camp.

Procedure to be adopted on the occurrence of further cases.

22. The procedure here laid down, if carried out with promptitude in successive instances, will often be found sufficient to arrest the further spread of the disease; but when cases occur in several buildings, either simultaneously or at short intervals, and especially if there be at the same time any unusual prevalence of diarrhoea, an outbreak of cholera is seriously to be apprehended, and it will, under such circumstances, be advisable at once to remove the inmates of affected buildings to the encampment outside cantonments.

23. It is to be remembered that, when an outbreak threatens, removal from the affected locality is the only remedy in which any confidence can be placed, and that the earlier the movements are carried out, the greater will be the chance of success.

24. Cholera evidently attaches itself to particular localities. The principle to be borne in mind, therefore, is, that the particular locality in which cholera shows itself must be looked upon as dangerous, that it must be immediately abandoned and all communication with it stopped, and that the body of men who have been exposed to danger by their occupation of the place in which the cause of the disease is presumed to be present, must be separated from the rest of the troops. If, for example, this body consists only of the inmates of some one building, the measure need only be applied to them; if some particular battery, troop, or company be attacked, it will be similarly dealt with. A whole regiment, or the whole of the troops at the station, need only be sent into camp when it is found that the measures already adopted have not stopped the progress of the disease, or there is reason to fear they will be insufficient. As a rule, it is necessary only to vacate such buildings as have actually presented cases.

As a rule, only such buildings to be vacated as have actually presented cases.

25. When separate detachments are moved into camp in the manner indicated, it is advisable that they should be kept distinct as far as possible. Officers commanding stations are authorised to call freely for medical aid from other stations, districts, or divisions, free from cholera; and, where a separate hospital establishment cannot be assigned to each party, it may be convenient to place an hospital in some central position not far removed from two or more camps, the sick from which may be treated together. Such arrangements must be left to the decision of the local authorities.

Detachments to be kept separate.

26. On the first appearance of cholera at any of the stations on the line of railway, intimation should be given to the railway officials of the probabilities of a movement being required, in order that the necessary trains may be in readiness, so that if any move be decided upon, it may be carried out without delay. Tents should also be forwarded by rail and pitched at the selected camp.

Special preparations necessary on appearance of cholera at stations on the line of railway.

27. As, however, all stations on the line of railway are in telegraphic communication with army head-quarters, no move by rail should be made without the sanction of His Excellency the commander-in-chief, obtained through the quartermaster-general, every preparation being meanwhile made in anticipation, and the troops, if necessary, being moved temporarily into a convenient camp.

No move by rail to be made without sanction from army head-quarters.

28. In some cases, to avoid fatigue, it may be advisable to encamp the men close to the station of departure, so that they may start by rail in the early morning, and they may encamp again for a night close to the station of arrival before going on to the selected ground next morning.

Camps at station of departure and arrival.

29. Previous to detachments proceeding by rail, the military authorities must arrange for trenches being dug in the vicinity of one or two of the stations at convenient intervals on the journey, so that all discharges may be received in them. The troops on no account should be allowed to use the railway station latrines.

Trenches should be dug at convenient intervals on the line.

Appendix XXXIX.]

Cholera and Small-pox Rules.

APPENDIX XXXIX.—*Cholera Rules*—continued.

These trains should not stop at stations, except when necessary to procure fuel, &c.; they might stop for a few minutes from time to time on the line.

Conservancy of camps.

30. As the movement will be made in the hope that the troops may be in this manner carried out of the affected area, the camp will probably be occupied for some time, and the strictest possible attention should be paid to the conservancy; trenches should be dug to leeward, and sheltered by matting or grass screens, and all filth instantly covered with earth. A similar system should be adopted for the camp followers and other natives, who are also to be provided with tents or other good and sufficient shelter for their accommodation while in camp. The strictest regulations must be laid down and enforced by the commanding officer to ensure attention to this all-important point.

Arrangement of the camp.

31. In arranging the camp the tents should be spread over a large area, and any military considerations or regulations in regard to distances between tents should give place to the desirability of allowing free ventilation, so far as this can be done with convenience. Tents should not be pitched immediately under trees, as they prevent the free access of air at night, and during the rains prevent their drying.

Number of men in a tent.

32. As a rule, not more than eight men should be placed in each tent¹.

Immediate benefit from change not always to be expected.

33. Immediate benefit is not always to be expected from the movement into camp, and the occurrence of a few cases of cholera ought not to be looked upon as proof that the change has proved a failure. It is clear that men often take with them the seeds of cholera, and although the immediate cessation of the disease is by no means uncommon, it is unreasonable to suppose that this will be always the case. Even if the first apparent result be an aggravation of the disease, this need cause no discouragement.

Removal of camps—marches to be short.

34. If the disease continue to be virulent for more than three or four days, a fresh encamping ground may be tried by a short movement, at right angles, if possible, to the prevailing wind or track of the disease. The marches should always be short, if possible not more than two or three miles, movement should generally be made in very open order and in the morning, in time to admit of the new ground being reached soon after sunrise; but if the march is very short, it may be made in the evening, whenever the delay of a night is regarded as an unadvisable risk. The men will be supplied with hot tea or coffee before starting; they will invariably wear flannel belts, and every precaution must be taken to prevent their remaining in damp or wet clothes, especially when the movements are made by rail. It is of the utmost importance that fatigue and exposure should be avoided, and everything possible should be done to keep the men cheerful and in good spirits.

Separate hospitals in camp.

35. When all the troops in a station are sent into camp on account of an outbreak of cholera, all ordinary sick capable of being removed without evident danger should go into camp also; the few patients who cannot possibly be moved should be transferred to one small general hospital which will usually be found sufficient for all those who must remain in cantonments.

Charpoys to be taken into camp.

36. Charpoys are to be taken into camp for all the men, so that there may be no necessity for their sleeping on damp ground. Should the season of the year not necessitate these being taken, straw will be supplied, on requisition, by the commissariat department. If the troops travel by rail, the straw can either be taken in the train, or be furnished by the commissariat at the selected camp.

¹ This rule is to be read in connection with No. 42. It is by no means intended that every regiment should be provided with a double supply of tents. The necessity for vacating *all* the buildings in a station which are occupied by the troops will rarely occur. Experience has shown that many stations have not suffered from cholera with any severity for years, and to provide extra tents for them would therefore be unnecessary. Again, there are other stations which are on the line of rail and which can thus be supplied with extra camp equipage, if required, on very short notice. In such stations, whenever cholera appears, notice should be given to the nearest magazine that tents may perhaps be needed; and when it seems that those on the spot are likely to prove inadequate they can be telegraphed for. In a third class of stations there is an arsenal on the spot.

Cholera and Small-pox Rules.

[Appendix XXXIX.]

APPENDIX XXXIX.—*Cholera Rules*—continued.

37. The utmost attention must be paid to the drinking water. At encamp- Water-supply.
ing grounds which have been frequently used, caution will be especially neces-
sary, and, if considered desirable, temporary wells must be sunk, so that there
may be no danger of water, contaminated by organic matter, being supplied to
the troops. As a precautionary measure, the water used for drinking should be
boiled; and as the taste of water subjected to this process is insipid, the reason
for this proceeding should be carefully explained to the men. The filters belong-
ing to British regiments are to be taken with them when the troops are moved
into camp on account of cholera, but they should first be carefully cleansed and
supplied with fresh charcoal. No water derived from sources in cantonments
used by the infected body of men should be taken into camp.

38. It not unfrequently happens that troops are allowed to return far too Return of troops
to cantonments.
soon to cantonments or to buildings which have been infected with cholera, and
the consequence is reappearance or aggravation of the disease. The return to
cantonments must only be allowed with the greatest caution. No part of the
cantonment from which the disease has not altogether disappeared should be re-
occupied. Under no circumstances can the reoccupation of any building which
has been attacked by cholera be allowed unless at least ten days have elapsed
since the last case of cholera in the building, nor until every measure for the
purification of the building, as laid down in paragraph 55, has been carried out.
The prevalence of fever or other diseases in camp is no reason for returning to
cantonments while danger from cholera remains. It must be accepted as the
lesser evil of the two.

39. When it has been found necessary to incur any expense for the benefit of Report of any
expense incurred
for hiring
bungalows, &c.,
to be made at
once.
the troops during the prevalence of cholera, a special report, giving every parti-
cular, should be at once made to the quartermaster-general for the information
of His Excellency the commander-in-chief and of the government.

40. Tents belonging to a regiment are to be retained in all cases for regi- Tents are to be
retained for
regimental pur-
poses only.
mental purposes, and are not to be lent to the civil authorities for the use of
prisoners in the event of epidemics breaking out in jails, or on other occasions.

41. When tents are required for cholera cases among the troops, the oldest Oldest and least
serviceable tents
to be used for
cholera cases.
and least serviceable must be selected, provided they are fit for the purpose.
At all stations where the ordnance department can supply unserviceable tents,
such tents should be applied for and used for cholera patients instead of service-
able tents in possession of regiments and batteries. On the outbreak of
cholera at stations where no ordnance depot exists, when time will admit of it,
and the charges for carriage by rail will not be excessive, application should
be made by telegraph to the nearest ordnance depot or magazine within a moder-
ate distance, where there are unserviceable tents in store, with a view to the
required number being issued for use during such outbreak. The unservice-
able tents issued on an outbreak of cholera or small-pox may be retained at
the stations of Gwalior, Jhansi, Morar and Saugor for such period after the
cessation of the epidemic as may be considered necessary by the military
authorities, they being duly accounted for to the examiner of ordnance accounts.
At all other stations tents so issued are to be returned into stores when no
longer required.

Note.—The unserviceable tents, complete with walls, which are issued to regiments for mus-
ketry instruction purposes, should be first utilised before recourse is had to the ordinary regimental
camp equipage.

42. In most cases the established proportion of camp equipage will be suffi- Supply of camp
equipage.
cient to accommodate that portion of the garrison which it may be necessary
to move into camp. Extra camp equipage should, therefore, not be indented for
unless the epidemic should prove severe, and render it probable that a larger
proportion than half the garrison may have to be removed from cantonments.
When the necessity for this has been admitted, commanding officers are to

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Cholera and Small-pox Rules.

APPENDIX XXXIX.—*Cholera Rules*—continued.

indent on the nearest magazine for such additional camp equipage as they may require; the indents to be countersigned by the deputy surgeon-general or the senior medical officer on the spot, and by the officer commanding the station.

Hopital management.

43. The question of hospital management during the prevalence of cholera is one of urgent importance. No sanitary precaution must for a moment be neglected; no approach to anything like crowding must be permitted; all unimportant cases, the treatment of which in hospital is not essential, should be discharged; every case in hospital must be carefully watched; and it must be borne in mind that in very numerous instances it is in the hospital, among patients under treatment for other diseases, that cholera first appears. Precautionary measures in the hospitals must be commenced, whenever it may be possible, before the actual appearance of the disease; and, as laid down in paragraph 5, all slight symptoms of disease must be treated in the barracks, or in observation wards.

Separate temporary hospital to be prepared for cholera cases.

44. If no separate building can be set apart as a temporary hospital, tents or suitable grass huts should be provided for the purpose in some convenient place at a little distance. Every arrangement must be made, so that if a case of cholera should occur, it may be immediately removed there, and not be treated in the regular hospital. For the treatment of patients suffering from cholera, tents are unobjectionable at all seasons of the year. The air in a tent or grass hut is less likely to become contaminated, and the ground can be changed as often as may be desirable. Medicines and everything considered requisite for the treatment of the disease should be in readiness.

Separation of cholera patients and abandonment of hospital buildings if cholera occur in them.

45. Patients attacked by cholera should not, when avoidable, be placed in the same ward with patients suffering from other diseases. If a patient in hospital suffering from another disease be attacked with cholera, or if a case occur among the hospital attendants or others, the same system must be adopted as has been ordered in the event of cholera appearing in other buildings occupied by troops.

Removal of cholera excreta.

46. Every effort should be made, during the actual treatment of the disease, to get rid, as completely as possible, of all the discharges from the sick. The vessels in which they are received should contain some disinfectant; and the contents should be freely mixed with dry earth and thrown into a trench dug for the purpose, and all vessels should be thoroughly cleaned at the trench into which the filth is thrown.

Supply of extra articles of diet during prevalence of epidemics.

47. During the prevalence of cholera at a station, such changes in the diet, and such other medical comforts, are to be allowed to the troops as the deputy surgeon-general or senior medical officer may deem expedient. In directing these comforts to be freely supplied, particularly to the women and children, the senior medical officer on the spot will be required to exercise a wise discretion to avoid unnecessary expenditure, and to see that the indulgence is not abused.

Employment of native servants in attendance on cholera patients.

48. On the occasion of an outbreak of cholera at a station, the entertainment of natives to attend European soldiers in hospital suffering from that disease, is authorised to such an extent as the local medical authorities may consider necessary—the men being provided, on requisition, by the commissariat department.

European soldiers to be employed on hospital duty as seldom as possible.

49. When the employment of European soldiers as orderlies in hospitals during the prevalence of cholera is considered unavoidable, men will be selected, as far as possible, by volunteering in such number as the medical authorities may deem necessary. The complete tour of duty shall in no case exceed 24 hours, and no man who is not in good health shall be thus employed. No orderly is to be kept in actual attendance in the hospital for a longer period than four hours at one time, nor is he to have a less interval of rest than six

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APPENDIX XXXIX.—*Cholera Rules*—continued.

hours between successive tours of duty, whatever be the period of attendance in the ward. A room entirely separate from the hospital buildings must be provided for the accommodation of men relieved from attendance on the sick, in which they can remain until their tour of duty again comes round. Men not upon actual duty are not to be allowed to remain in the hospital. The strictest precautions must be taken to prevent men employed in the hospital from making use of the latrines, urinaries, or wash-houses used by the sick in hospital. The utmost care must be taken that the hands of all attendants on cholera patients be scrupulously cleaned, and that if the clothes of any of the men should become soiled by cholera discharges, they be at once taken off and thoroughly purified. Every man employed as an hospital orderly in attendance upon cholera patients is to be provided with tea or coffee at the public expense before and after each tour of duty.

50. For attendance on women and children suffering from cholera, native female nurses should, if possible, be procured.

Female nurses for attendance on women and children.

51. Careful arrangements must be made for the removal of the sick from the barracks to the hospital, and on no account should the doolie employed for this purpose be made use of for the removal of the dead.

Removal of the sick and of the dead.

52. On the appearance of cholera or any other epidemic in the sudder or regimental bazaars of a station, arrangements should be made for the treatment of all cases seeking it, specially if poor or friendless; suitable hospital accommodation should be provided in a convenient position and supplied with essential requisites for the comfort and proper treatment of the sick voluntarily presenting themselves for admission, and to the utmost extent the medical staff and funds at disposal of local authorities will permit. But no person should be forcibly taken from their friends or removed to such hospitals under any pretence whatever. Medicines made up in suitable form should be provided to all who apply for them.

Measures to be adopted on the appearance of cholera in the sudder or regimental bazaar.

53. The hospital will be under the medical charge of the station staff surgeon, or other medical officer selected by the deputy surgeon-general, and the establishment as per margin, to be increased if necessary,

Station staff surgeon to have charge of the hospitals for natives.

- | | |
|-----------------------------|---|
| 1 Hospital-assistant. | } 1 Hindoo and 1 Mahomedan in each class. |
| 1 Ward-servant. | |
| 2 Cooks. | |
| 2 Bheesties. | |
| 2 Sweepers. | |
| 1 Doolie with four bearers. | |

will be attached to it, the servants to be discharged on the subsidence of the epidemic.

54. When cantonment funds can be made available, without withdrawing them from such measures of conservancy as may be considered of even more importance, all expenses incurred by the establishment of these temporary hospitals, including the dieting of the patients, if that be also involved, should be defrayed by them, THE PRIMARY OBJECTS OF SUCH FUNDS BEING TO SECURE THE PROPER SANITARY CONDITION OF A STATION IN EVERY POSSIBLE WAY.

Expenses to be defrayed from cantonment funds.

Note.—Although the foregoing rules enjoin the great importance of promptly abandoning any locality in which cholera has appeared, and the great importance of giving the strictest attention to cleanliness whether as regards the discharges of the sick or any other filth, it is to be distinctly understood that they do not imply that there is any danger in attendance on the sick or in otherwise coming in contact with persons suffering from cholera.

SECTION III.—FUMIGATION AND DISINFECTION.

55. When a case of cholera is reported, the room in which it has occurred must be thoroughly purified and fumigated. All furniture and wood should be washed with country soap and water, and the walls, ceiling and punkahs scraped and white-washed. The windows and doors should be kept open for several days. The latrine, urinary and wash-house used by the person attacked must

Purification of vacated buildings.

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Cholera and Small-pox Rules.

APPENDIX XXXIX.—*Cholera Rules*—continued.

be instantly closed, and their use not permitted until they have been thoroughly purified; carbolic acid, Macdougall's powder, or some other disinfectants should be freely used; all filth and rubbish from the latrine must be removed to a distance, and all vessels used for their removal must be carefully cleaned and disinfected at the place where the refuse is deposited.

Purification of
bedding and
clothing.

56. The straw of the barrack bedding used by persons attacked prior to admission into hospital will be burnt. The stuffing of mattresses and pillows used by cholera patients in hospital will be opened out, exposed to the air, and beaten, and, when practicable, submitted to a dry heat of not less than 212° Fahrenheit for at least two hours (in an oven or otherwise) before being used again, the remainder of the barrack and hospital bedding, clothing, &c., and such of the clothing worn by patients on their admission as is not liable to injury thereby shall be boiled, exposed to the air, beaten and afterwards washed with soap and water. Cots and punkah fringes which have been used by cholera patients, or in wards set apart for them, should also be subjected to the action of boiling water when they are no longer required for such cases. Such articles of a soldier's kit as cannot be treated in the above manner will be removed to hospital and there fumigated and exposed to the air and sun for a week, beaten, and brushed. Burning only to be resorted to when purification cannot be at once carried out.

57. When circumstances are such that the above processes of purification cannot be at a once carried out, such articles as body linen, bedding, cots, and punkah-fringes may be burnt, but with proper arrangements the necessity for this destruction will rarely arise.

Purification of
tents.

58. Tents used by cholera patients, before being struck, shall be fumigated and then left exposed to the weather for ten days.

Processes of
fumigation.

59. When fumigation is considered to be necessary, one of the following processes will be adopted :—

a. With chlorine gas—

Common salt	...	...	...	4 ozs.
Oxide of manganese, in powder	...	...	...	1 oz.
Sulphuric acid	...	...	...	1 oz.
Water	...	...	...	2 ozs.

The water and acid to be mixed together and then poured over the ingredients in a delf basin, which should be placed in a pipkin of hot sand.

b. With nitrous acid gas—

Copper shavings	...	...	...	$\frac{1}{2}$ oz.
Nitric acid	...	...	...	1 $\frac{1}{2}$ ozs.
Water	...	...	...	1 $\frac{1}{2}$ ozs.

Pour the acid and water upon the copper in a small jar.

c. With sulphurous acid gas—

Burn two ounces of sulphur in a metal basin.

All doors and windows and other openings in the room or tent should be closed before commencing fumigation. The operator should leave the room immediately the process has commenced. At the expiration of two or three hours, all doors and windows should be thrown open and free ventilation established. The rooms should be entirely emptied before being fumigated.

Disinfection of
cholera excreta.

60. The excreta from patients suffering from cholera shall be subjected to disinfection by the most suitable disinfectants at command; they should be received in vessels containing some of the disinfectant, and immediately covered with more of the same material, or with dry earth. The vessels should never be emptied into the usual receptacle, but taken away separately and thrown into a trench dug for the purpose, at a safe distance from occupied localities or sources of water-supply. A man should be constantly employed at the trench to throw

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APPENDIX XXXIX.—*Cholera Rules*—continued.

dry earth over all filth the moment it is deposited. All vessels should also be thoroughly cleansed at the trench into which the excreta are thrown.

61. The sanctioned scale of disinfectants is given in Section 11, Appendix H. Supply of disinfectants.

62. A reserve supply of disinfectants is authorised for special use during the prevalence of epidemic diseases, at the following rates:—

Stations.							Carbolic acid.	Macdougall's powder.
Agra	250 lbs. at each station.	1,120 lbs. at each station.
Allahabad (including Fort)	...	...	...	...	...	...
Cawnpore	...	...	...	...	...	...
Fyzabad	...	...	...	...	...	...
Kohat	...	...	...	...	...	...
Lucknow	...	...	...	...	...	...
Meean Meer, including Fort Lahore	...	...	...	...	...	...
Meerut	...	...	...	...	...	...
Morar, including Gwalior	...	...	...	...	...	...
Murree	...	...	...	...	...	...
Peshawar	...	...	...	...	...	...

At all other cantonments half the above quantity will be kept as a reserve.

These disinfectants are specially intended as a reserve stock for times of epidemic sickness, and when such threatens for use in barracks, drains, latrines, and in any other places and ways considered desirable by the local medical authorities. The authorised quantity will always be maintained by the commissariat department for issue as required on the requisition of the senior medical officer, supported by a station order. In stations where there is no commissariat officer, the reserve supply of disinfectants will be kept in charge of the senior medical officer.

If necessary, a supply of sulphur and quick-lime may also be procured during the prevalence, or anticipated approach, of epidemics.

SECTION IV.—OTHER POINTS REQUIRING THE SPECIAL ATTENTION OF MEDICAL OFFICERS.

63. In any epidemic, it is of the greatest importance to ascertain all the circumstances connected with the appearance of the first case, and a very careful investigation should be made at once in order to discover, if possible, whether it was due to importation. Such enquiries if delayed are usually unsatisfactory. Investigation into the circumstances of the first case.

64. The condition of the camp followers, of the punkah coolies and others who come about the barracks should receive attention, and orders should be issued that any suspicious cases occurring among them be reported, so that they may be at once investigated. With the assistance of the non-commissioned officers, such cases of sickness should not escape detection. Arrangements should be made for the early treatment of those attacked either in camp or cantonments, and where the general cholera hospital for natives is distant, measures should be adopted for attending to their wants on the spot. A careful note of all such seizures and of the circumstances under which they occur should be preserved. Condition of camp followers.

65. In the forms the term "choleraic diarrhoea" has been abolished. All such cases distinguished by rice-water evacuations should be returned as cholera. Abolition of the term "choleraic diarrhoea."

66. It is very desirable that the terms "sporadic" and "epidemic" should not be used in connection with reports of cases of cholera. There are no means Disuse of the words "sporadic" and "epidemic."

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Cholera and Small-pox Rules.

APPENDIX XXXIX.—*Cholera Rules*—continued.

Cholera eases not to be returned as “discharged” until all symptoms of the disease have disappeared.

A lull in the number of cases not to lead to any relaxation of precautionary measures.

of distinguishing between the two, and the exact significance of individual attacks can be known only when all the facts regarding the prevalence of the disease throughout the year have been ascertained and considered as a whole.

67. In some instances, cases of cholera in which reaction has taken place have been discharged, and the fatal event which afterwards occurred recorded under the head of fever. This system produces great error in the statistics, and it ought on no account to be followed. No cases of cholera should be “discharged” until every symptom, either directly or indirectly, due to the disease has disappeared.

68. When no cases of cholera have occurred for several days, an opinion is apt to prevail that the disease has disappeared; but it must be remembered that at certain seasons a lull is to be expected. This generally occurs in the early part of the monsoon. With regard to it no decided rule can yet be laid down, but it is important that the fact of there having been no cases for some time should not lead to any relaxation of the necessary precautions and preparations in anticipation of a further and generally more severe outbreak.

SECTION V.—RETURNS AND REPORTS.

Telegraphic communication to be made daily to the quartermaster-general during the continuance of cholera.

All movements to be communicated by post to the quartermaster-general on the day of occurrence.

Weekly communications to be made to the quartermaster-general during the continuance of cholera.

69. On the appearance of cholera at any station, and during its continuance, the officer in command of that station is to report daily, by telegraph when possible, to the quartermaster-general for the commander-in chief’s information, giving the number of admissions into hospital, the class of persons attacked, and the number of deaths in each corps at the station. Directions to be observed in despatching telegraphic messages are given in appendix A.

70. Officers in command of stations are required to communicate by post to the quartermaster-general, on the same day the occurrence takes place, all movements of troops, including changes of camping ground consequent on cholera or other sickness, stating the number and class of persons attacked, the number of deaths, and any other matter appertaining to the quartermaster-general’s department.

71. During the continuance of cholera at any station, the officer in command is to report by post weekly to the quartermaster-general, for the information of His Excellency the commander-in-chief (with respect to the steps to be taken for the mitigation of the evil), on the general sanitary condition of the station, including bazaars, and on the health of the population around on a considerable radius. The report should state in detail the number of cases, the class of persons attacked, the number who may have died, and the general character of the disease, whether virulent or not. A statement in the following form, showing number of cases from commencement of outbreak, to be appended to the report:—

Number of Cases of Cholera which have occurred at _____ from _____ to date of this Report.

CASES.			DEATHS.		
Europeans	{ Men	...	{ Men	...	...
	{ Women	...	{ Women	...	...
	{ Children	...	{ Children	...	...
Native Soldiers, Followers (exclusive of Sudder Bazaar and city)	...		...		...

Returns required from hospitals of British and native troops.

72. When cholera appears at a station, a “morning state” made up to 8 o’clock A. M. daily will be furnished by the medical officer in charge in duplicate—one copy to the officer commanding the corps for the information of the officer commanding the station, and the duplicate to the deputy surgeon-general, for transmission to the surgeon-general, Her Majesty’s forces.

Cholera and Small-pox Rules.

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APPENDIX XXXIX.—*Cholera Rules*—continued.

73. At the close of the outbreak, or at the close of the year if the disease has been limited to an isolated case or cases, a "Cholera Report and Register" will be furnished in original only by the medical officer in charge to the deputy surgeon-general, for transmission, through the surgeon-general, Her Majesty's forces, to the sanitary commissioner with the government of India.

74. On the disappearance of the disease, officers commanding divisions and districts in which cholera has recently occurred among the troops, are required to submit, in tabular form, a special return to the quartermaster-general, for the information of His Excellency the commander-in-chief, showing the number of cases, class of persons attacked, and the number of each who have died; also whether any and what extra expense was caused to government by movement into camp, &c. To this return a few short remarks should be added by the administrative medical officer, indicating the general character of the disease, and stating his opinion as to the general health of the troops at the time, and whether he has reason to anticipate any further visitation.

75. In all cases where buildings have been vacated on account of the appearance of cholera, a very careful record of the further progress of the epidemic among the individual body of men, women and children who occupied each building so vacated, should accompany the above report, prepared according to the following form:—

*Progress Report of Cholera at _____ in Her Majesty's _____
Regiment (or Battery), submitted in accordance with No. 75 of the
rules regarding measures to be adopted on outbreak of Cholera.*

1	2	3				4				5	6	7	8			9
Number of party ¹ .	From what barrack moved.	NUMBER OF OCCUPANTS IN THIS BARRACK.				STRENGTH OF PARTY REMOVED.				Date of removal.	To what place moved ² .	Number of cases in this party before removal.	NUMBER OF CASES IN THIS PARTY AFTER REMOVAL.			Date of return to quarters or of removal to another camp or place.
		Men.	Women.	Children.	Total.	Men.	Women.	Children.	Total.				Within 24 hours after removal.	After 24 hours after removal.	Total cases after removal.	
1																
2																
3																
TOTAL												...				

¹ When the same party make two or three moves they should be distinguished by the repetition of the same number in this column.

² If in camp, name of place where camp is pitched.

SECTION VI.—RESPONSIBILITY OF COMMANDING OFFICER.

76. On the officer commanding the station will devolve the responsibility of having all the directions contained in these rules, as regards the evacuation and purification of buildings, the movements into camp, and all other details carefully carried out.

The rules to be carried out by the officer commanding the station.

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Cholera and Small-pox Rules.

APPENDIX XXXIX.—*Cholera Rules*--continued.

Discretionary
powers of officers
in command.

77. These rules, founded on the general experience of the past, must be considered as the guide on all ordinary occasions. As in outbreaks of cholera, however, so much depends on the judgment and action of general and other officers, they must exercise their own discretion whenever extraordinary emergencies or unforeseen circumstances occur, and, in consultation with the senior medical officer, must take upon themselves the responsibility of action incumbent on their position. Whenever it may be considered advisable to deviate from the procedure prescribed in these rules, a special report, explaining fully the reasons for so doing, must be forwarded to the quartermaster-general for the information of the commander-in-chief.

Officers in
command not to
establish
quarantine.

78. It must be distinctly understood that commanding officers are not authorised to establish or enforce against the public at large, or any section thereof, any quarantine or any restrictions in the nature of quarantine as against cholera in particular which are not equally applicable at all times to the control of vagrant classes of people having no legitimate ground for claiming admission within cantonment limits. The employment of the troops to form cordons round cantonments for such purposes is strictly prohibited, discipline in this, as in other matters, being enforced by the ordinary means placed at the commanding officer's disposal for such purposes, and it is to be carried out without additional expense to the state beyond that authorised by these rules.

SECTION VII.—RULES REGARDING THE MEASURES TO BE ADOPTED ON THE APPEARANCE OF SMALL-POX AMONG BRITISH OR NATIVE TROOPS.

79. Whenever a case of small-pox appears among either British or native troops, it should be immediately isolated, and all communication between the sick person and others, whether direct or indirect, should, as far as possible, be prevented.

80. In some cantonments a building, no longer required for other purposes, and occupying an unfrequented site, has been set apart for the reception of small-pox cases, and whenever such a building is available, the case should be at once removed to it.

81. In those cantonments where no such building exists, the case must be removed either to a tent or to a grass hut.

82. As cases are most apt to occur in the hot months, a grass hut is in every way better suited for the purpose than a tent. If lined on the sides with a coating of mud, it affords very good protection.

83. If, owing to the small number of sick in hospital, or to other circumstances, a ward or other room, well separated from the other patients or other persons, can be made available for the temporary reception of the case, there is no objection to its being treated there during the first day or two of the disease when eruption is still advancing, and its power of spreading to a distance is comparatively limited. Time will thus be allowed for the preparation of a grass hut.

84. If this course should have been followed, the room temporarily occupied by the case should be immediately purified in the manner described in rule 55 regarding cholera.

85. Whether a tent or grass hut is employed, it should be pitched in some secluded spot, and the shelter of trees, if possible, secured.

86. If a tent is used, the oldest and least serviceable should be selected (*vide* rule 41).

NOTE.—The pals supplied to native infantry regiments for musketry instruction purposes should first be utilised for the isolation of patients.

Cholera and Small-pox Rules.

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APPENDIX XXXIX.—*Cholera Rules*—concluded.

87. Good tents should never be employed for the purpose, except in very exceptional cases, which should in each instance be explained.

88. Unless there is an immediate prospect of their being further required, tents or huts used by small-pox patients should be disinfected and left exposed to the air for at least ten days before being returned into store.

89. If there is an immediate prospect of the tent or hut being again required, it should be purified in the manner described as suitable for buildings for cholera.

90. Bedding and clothing, cots and punkah fringes, should be thoroughly disinfected as described for cholera.

APPENDIX A.

Directions to be observed in despatching telegraphic messages regarding cholera to army head-quarters as required in Rule 69.

I.—The message should usually be despatched soon after 8 A.M. so as to agree with the morning state.

II.—The number of cases and deaths in each regiment of Europeans or natives at the station, during the preceding 24 hours, should be stated separately, distinguishing men, women and children, and the place of their occurrence.

III.—Particulars regarding camp followers or the city and bazaars should be given only when they are important, as indicating any decided advance or decline of the disease.

IV.—All movements of troops should be included in the message.

V.—When there is no telegraph station in or near the cantonment attacked, the message should be sent by post to the nearest telegraph station¹.

VI.—Information on such matters as the following is not required by telegram :—

- a. How the case or cases are progressing.
- b. Opinion as to the significance of the case as indicative or otherwise of a threatened outbreak.
- c. The vacating and disinfecting of buildings, for it is to be assumed that in this and all other respects the rules are being carefully carried out.
- d. The fact that there have been no attacks, for when there is no telegram this is to be inferred.

¹ As in such stations telegraph stamps are not generally procurable, officers are required to adopt the procedure set forth in notification, dated Calcutta, 22nd December 1868, paragraph 3, general order, dated 18th January 1869, namely :—

“Para. 3.—Telegrams can be sent from out-stations by post, but they must be enclosed in registered covers; at a station where telegraph stamps are not procurable, they may be paid for by postage stamps at the rate of 17 annas to the rupee. In such cases the post office registration receipt will take the place of the ordinary telegraph receipt. If any telegram be received insufficiently stamped, it will be returned, bearing, to the sender.

Appendix XXXIX.] Cholera and Small-pox Rules.

APPENDIX XXXIX.—Cholera Appendix—continued.

VII.—The following code for telegraphing cholera, and specimen telegram showing information required, are appended for guidance :—

Group.	Portion of Message.	Code word.
Barracks. B.	1 case cholera in barracks.	Ball.
	2 cases do. do.	Bane.
	3 do. do. do.	Bath.
	4 do. do. do.	Bear.
	5 do. do. do.	Belt.
	6 do. do. do.	Bile.
	7 do. do. do.	Blood.
	8 do. do. do.	Bones.
	9 do. do. do.	Breath.
	10 do. do. do.	Bury.
Camp. C.	1 case cholera in camp.	Calm.
	2 cases do. do.	Cat.
	3 do. do. do.	Cist.
	4 do. do. do.	Corn.
	5 do. do. do.	Curt.
	6 do. do. do.	Cycle.
	7 do. do. do.	Club.
	8 do. do. do.	Chill.
	9 do. do. do.	Cry.
	10 do. do. do.	Cramp.
Fort. F.	1 case cholera in fort.	Faint.
	2 cases do. do.	Farm.
	3 do. do. do.	Fecal.
	4 do. do. do.	Feel.
	5 do. do. do.	Final.
	6 do. do. do.	Foul.
	7 do. do. do.	Futile.
	8 do. do. do.	Fluid.
	9 do. do. do.	Fright.
	10 do. do. do.	Fry.
Deaths or fatal cases in either barracks or camp. D.	1 death.	Dark.
	2 deaths.	Death.
	3 do.	Dew.
	4 do.	Dirt.
	5 do.	Dive.
	6 do.	Door.
	7 do.	Dull.
	8 do.	Dread.
	9 do.	Droop.
	10 do.	Dwell.

Cholera and Small-pox Rules.

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APPENDIX XXXIX.—*Cholera Appendix*—continued.

Group.	Portion of Message.	Code word.
Men, European or native. M.	1 man. 2 men. 3 do. 4 do. 5 do. 6 do. 7 do. 8 do. 9 do.	Man. Mart. Mend. Metre. Mix. Mucus. Mute. Moan. Mortal.
Women, European or native. W.	1 woman. 2 women. 3 do. 4 do. 5 do. 6 do. 7 do. 8 do. 9 do.	Wail. Ward. Weak. Wine. Wood. Worn. White. Wrath. Wreck.
Children, European or native. Y.	1 child. 2 children. 3 do. 4 do. 5 do. 6 do. 7 do. 8 do. 9 do.	Yarn. Yellow. Yet. Yield. Yoke. Yonder. Youth. Yacht. Yeast.
Native camp followers, all grades. N.	1 native camp follower. 2 do. do. followers. 3 do. do. do. 4 do. do. do. 5 do. do. do. 6 do. do. do. 7 do. do. do. 8 do. do. do. 9 do. do. do. 10 do. do. do.	Native. Nave. Near. Never. Nibble. Nile. Nod. Nose. Normal. Nude.
Companies or troops. T.	1 Company or troop. 2 Companies or troops. 3 do. do. 4 do. do. 5 do. do. 6 do. do. 7 do. do.	Tar. Tint. Term. Torn. Tub. Try. Trap.

Appendix XXXIX.] Cholera and Small-pox Rules.

APPENDIX XXXIX.—Cholera Appendix—concluded.

Group.	Portion of Message.	Code word.
Miscellaneous.	Cholera in bazaar. Do. in city. Do. in district. Barrack vacated. Moved into camp. Camp shifted from. All necessary precautions taken. No fresh cases since yesterday. No cases, no deaths.	Bazar. City. District. Vacated. Tented. Shifted. Precaution. Respite. Relief.

Specimen Message.—Seven cases 58th Regiment—barracks—six men, one woman—four deaths—three men, one woman—two companies moved to camp, all precautions taken ; 16th Native Infantry—one case, woman, lines . . . 30 words.

The same message by the code would run thus :—

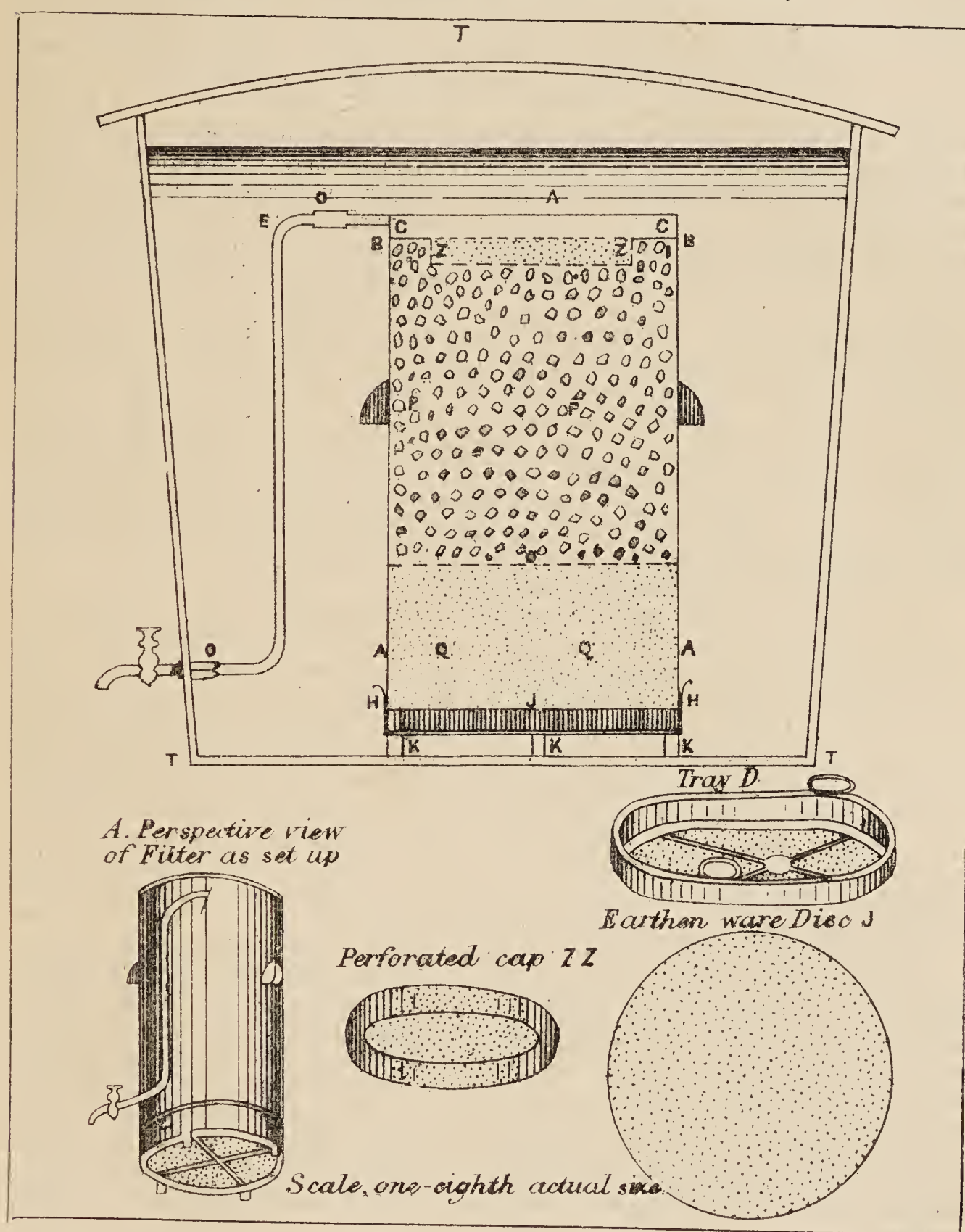
58th Regiment blood mucus wail dirt mend wail tint tented precautions—16th Native Infantry wail—15 words.

APPENDIX XL.

DESCRIPTION OF MACNAMARA FILTER.

Section of Macnamara Filter (New construction).

See section 17,
paragraph 109.



- | | |
|--|--|
| AAA Main zinc cylinder. | KKK Feet of the filter. |
| BB Perforated diaphragm, perforated area 7 inches in diameter. | ZZ Cap of perforated zinc to contain sand. |
| CC Vacant space above the diaphragm. | OO Position of union joints. |
| D Inner tray for sand 1 inch deep. | PP Animal charcoal or other filtering material. |
| E Delivery tube. | QQ Filtering sand. |
| HH Outer tray of perforated bottom for the filter to rest on. | RR Clasps to hold the outer tray and keep it in position when turning the filter in the cistern. |
| J Perforated earthenware disc $\frac{3}{4}$ inch thick, to rest immediately on the outer tray. | TTT Cask in which the filter is placed. |

APPENDIX XL.—*Description of Macnamara Filter*—continued.

1. A Macnamara filter consists of a stout cylindrical zinc vessel (AAA), eighteen inches high by ten inches in diameter, closed at the upper end excepting where the delivery pipe (E) is attached. One inch from upper end a zinc plate (BB) is soldered in: this plate is perforated centrally over a space six inches in diameter, and under this perforated space fits a shallow cap, seven inches in diameter and one inch deep, made of perforated zinc. Thirteen inches from the upper perforated plate a wire of zinc is soldered into the interior of the vessel: this gives support to a tray (D) four inches deep, the bottom (when in place, the top) of which is perforated to within one inch of its edge. Outside the main vessel fits another tray (HH), also four inches deep, which, when in place, is fastened to the main cylinder by hasps. The bottom of this tray is also of perforated zinc, but the perforations are closed to the extent of an inch round the circumference by a band of non-perforated plate, which is soldered on externally. The perforated zinc which is used in the filter contains four hundred holes to the square inch. The filter is placed in a cask and stands upon three half-bricks. The surface of each brick should be bevelled towards one corner, so as to give it somewhat of a wedge shape: with half-bricks thus prepared it is easy to level the filter. The delivery pipe of the filter is of brass five-eighths of an inch in diameter; it is sufficiently long to allow of the tap, which is of corresponding size, being inserted into the side of the cask at a level corresponding to the centre of the side of the external tray (HH), that is on a level two inches above that of the bottom of the main cylinder. The delivery pipe is connected to the filter and to the tap by what are called gas union joints, each provided with a leathern washer. An iron key is needed to screw on the nuts of the joints.

2. In filters of the newest pattern the zinc-ware is eleven, instead of thirteen, inches from the upper perforated plate; the depth of the inner sand tray is diminished to one inch, and the tray is of such diameter that it fits loosely into the cylinder. The outer tray, stripped of the perforated zinc, is cut down to about an inch and a half in depth, and is fastened to the cylinder by means of three slits which catch corresponding studs projecting from the cylinder. Instead of the perforated zinc of the outer tray, a perforated earthenware disc three-quarters of an inch in thickness, fits loosely into the main cylinder. As they are provided with zinc feet, it is not necessary to set these filters upon wedge-shaped bricks which are used with filters of the old pattern: if, however, the bottom of the cask is not quite even, wedges must be employed to level the filter prior to connecting the discharge pipe.

3. Thirty pounds of animal charcoal are allowed as a first charge for a Macnamara filter. Each charge is to be well washed before being brought into immediate use. The charcoal must be sifted into two sizes in a sieve which will retain all pieces above the size of a small pea; the fine charcoal should then be winnowed, as the natives winnow their grain, in order to free it from the charcoal dust; or the fine charcoal may be placed upon the sieve which is used to separate the fine sand, and that portion which passes through it should be rejected. The charcoal should be *dry* before the filter is charged with it. The animal charcoal should last at least two years, when it will be renewed if, after a rough analysis of the filtered water by the medical officer in charge, it is considered necessary.

4. Twelve and five-sixteenths pounds of coarse sand, and eight pounds of fine sand are allowed for each Macnamara filter. The sand must be thoroughly washed by stirring it up in a vessel with frequent additions of fresh water, till the water which comes off is quite clean: it should then be dried by exposure to the sun, and subsequently sifted into two sizes in the sieves provided for the purpose. It is to be changed every two months.

5. The main use of the coarse sand which is placed in the sand tray is to separate the fine sand from the perforated zinc, the perforations of which it

APPENDIX XL.—*Description of Macnamara Filter*—continued.

might either choke or pass through. Pebbles will not serve in the place of coarse sand and must not be used, as the fine sand would readily pass through their interstices; moreover, so much of the sand would, after a time, pack amongst the pebbles, that the remainder, becoming loosened, would cease to filter efficiently. But a thoroughly efficient substitute for the coarse sand can be made from over-burnt brick (jhamma), the brick being pounded and then sieved until a grain of about the size of R. F. G. powder is obtained.

6. A three-quarter cask, with a hinged wooden cover for the top and a whole with plug at the bottom, is supplied with each Macnamara filter, and is to be renewed every two years if condemned as worn out. The duty of supplying casks with hinged wooden covers—and of boring and cutting these—will devolve on the public works department, regimental workshops being employed by that department for the execution of the work if considered desirable.

7. These casks can at any time be easily cleaned in the following manner:—

Place the cask on end and light in the centre a few chips or any other combustible substance sufficient to burn the slime thoroughly and the wood slightly. Rinse out the cask well afterwards to clear away any portion which may be charred.

8. Before charging an old pattern filter, it should be placed in the cask and carefully adjusted by means of the three wedge-shaped brick supports, so that the gas union-joints, at either extremity of the brass delivery pipe, are in accurate apposition, the one with the tap, and the other with the filter. *It is most essential to the action of the filter that these joints should fit properly, and no force should on any account be applied in connecting them; the accuracy of the junction should be insured solely by exact adaptation.*

9. When an old pattern filter is required for use, the small tray of perforated zinc is first filled with some of the carefully sifted coarse sand, the sand being well shaken into the tray. Then one person holds the main cylinder in a convenient position with the open mouth downwards, and another, supporting the filled tray with his right hand, introduces it into the filter, and applies it so that it shall cover the perforated space in the diaphragm; he then places his left hand on the top of the filter, and keeping the tray firmly applied, inverts the cylinder. If this operation is neatly done, not a grain of sand will escape from the tray. The cylinder is next placed top downwards upon the ground, and the coarse charcoal is poured in till the space around the tray is filled, and the tray itself is covered to from half an inch to an inch in depth, the charcoal being pressed firmly down by means of the rammer. The finer charcoal is now poured in and pressed firmly down with the rammer as each successive inch is introduced, until the cylinder is filled up to within an inch of the wire ledge. The remaining space up to the level of the wire is then filled with coarse charcoal which is pressed firmly down, its surface being made slightly convex so as to press tightly against the bottom of the interior tray (D) which is now introduced, and upon which coarse sand is spread to the depth of half an inch, and pressed firmly down with the rammer: three inches of fine sand are then added, and carefully rammed on the addition of each half inch. The tray is finally filled to the level of its upper rim with coarse sand, the final surface being made slightly convex, so that it may fit tightly against the surface of the exterior tray, for it is very essential that the sand packing should not become loosened. The exterior tray is fitted on and fastened by means of wooden wedges placed in the hasps. The filter is now inverted, the hasps opened and turned down, and the space between the rim of the outer tray and the surface of the main cylinder stuffed with soft wax, tightly pressed in by means of the finger. The use of the wax is to prevent water passing down between the tray and the cylinder. The hasps are again fastened, and the filter is placed upon the bricks in the cask in the position of

APPENDIX XL.—*Description of Macnamara Filter*—continued.

accurate adaptation already ascertained. The delivery pipe is then connected with the cylinder and with the tap, and the arrangement is completed.

10. The delivery pipe in conjunction with the filter constitutes a syphon, and, if air-tight, will draw the water down to the level of the tap. The syphon is brought into action simply by filling the cask with water above the level of the top of the filter, keeping the tap open to allow of the escape of air while the water is being poured into the cask. The suspended matters will gradually subside to the bottom, and any entering the filter will be stopped by the sand in the tray (D).

11. A new pattern filter is charged with the small sand tray and charcoal in the manner described in paragraph 9. The inner tray is then surrounded with two or three turns of inch-broad well-washed bandage cloth to make it fit tightly, and is pushed down upon the surface of the charcoal. The sand charge is then introduced, space being left above it for the disc, which is pressed on it, its edge having been first surrounded, like that of the tray, with two or three or more turns of bandage. The surface of the disc should project a little above the level of the edge of the cylinder, so that some little force may be required to fit down the outer cylinder and turn it and fix it (like a bayonet on a musket) upon the studs. No wax stuffing is needed as in the old pattern filter. The perforations in the disc should be cleared with a pricker each time that the sand is changed.

12. The cask should not be filled with water to a higher level than three or four inches above the top of the filter.

13. The water may not run freely from a Macnamara filter for some hours after it has been set in action, and it will perhaps have at first a slight taste of charcoal. This taste will, however, soon disappear, and the water continue to improve in quality for several days.

14. If the water continues to run slowly after the filter has been in action for some hours, it is a sign that the charcoal has not been thoroughly winnowed, or that too large a proportion of fine sand has been used.

15. Naptha varnish checks corrosion to which Macnamara filters are liable. The following instructions are to be strictly adhered to when applying the varnish:—

- a. The metal surface should, in the first place, be thoroughly cleaned. This may be done by rubbing it with a little sand, soda and water, taking care to thoroughly rinse it with clean water afterwards.
- b. The surface should be perfectly dry before the varnish is applied.
- c. The varnish should be laid on with a clean brush, and a thin uniform coating applied.
- d. In varnishing the perforated part, care must be taken that the holes are not stopped up. This can be easily avoided by rapidly swinging the tray through the air while the varnish is still liquid.
- e. After the application of the varnishing it should be allowed to dry thoroughly, preferably by exposure to the sun: about two hours will usually be sufficient, but it is safer to allow twenty-four hours to elapse before charging the filter.
- f. If the varnish is properly applied, the coating will be hard and smooth to the touch, and will communicate no stain to the skin on being rubbed.

16. The varnish can be procured, on application, from the medical store department, Calcutta. Two fluid ounces are sufficient for a first, and one and a half fluid ounce for a second, coating per filter: medical officers' requisitions should, therefore, be framed accordingly.

17. The sand, soda and brush required for varnishing filters will be supplied by the commissariat department on requisitions signed by medical officers.

Filters.

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APPENDIX XL.—*Description of Macnamara Filter*—concluded.

18. Animal charcoal in use is to be aërated every week by taking out the plug of the cask, and at the same time opening the tap of the delivery tube. When the water has run out of both the cask and filter, a current of air will be established through the latter, and the charcoal will be thus aërated. The cask is to be left empty of water for about two hours, during which time the filter tap must be kept open. When the water has run off, the interior of the cask is to be well scrubbed; the filter, however, if it has been working properly, should not be disturbed in the process.

19. A filter must be removed from its cask every two months, in order that the sand may be changed. The sand and charcoal having been removed, the latter should be left exposed to the air for about six hours. There should be no waste of charcoal in this operation.

20. Animal charcoal in use is to be thoroughly cleansed every six months; and for this purpose charcoal burners for the purification of charcoal, by the roasting process, are provided by the public works department.

21. The supply of eight pounds of wood charcoal per filter is sanctioned for roasting the animal charcoal.

22. The purification is carried out as follows:—

- a. Remove the charcoal from the filter, and spread it out to dry on a clean sheet: when dry, place it in the roasting drum.
- b. Fill the fire trough with wood charcoal, and set fire to it by sprinkling burning charcoal over the surface.
- c. When the fire is uniformly bright, place the roasting drum containing the animal charcoal on the crutches and rotate uniformly at the rate of four rotations a minute. The fire can be kept bright by gently stirring it, and not sprinkling too much fresh charcoal on it at a time and by using a hand punkah.
- d. When the drum has been turned in this manner for forty-five minutes, remove it from the crutches, and empty the contents into a clean naund.
- e. Allow the charcoal to remain in the naund for half an hour to cool, then pour filtered water over it sufficient to cover it well; after five minutes, stir gently and then pour off the water.
- f. Spread the charcoal out on a clean sheet in the open air, and leave it exposed for four hours.

This completes the process, and the charcoal may then be replaced in the filters.

23. The issue of two sheets of doosootie cloth for each charcoal burner is sanctioned. The sheets should be made to last as long as possible, and are to be replaced only when worn out. They will be supplied by the commissariat department, and should be of the same size as an ordinary hospital sheet (seven by five feet).

24. The roasting process involves a loss of about one-third of an ounce on each pound of animal charcoal purified: a further supply of ten ounces of charcoal is therefore sanctioned for each filter after every half-yearly cleansing operation.

25. Animal charcoal from Macnamara's filters, on condemnation, is not to be sold, but is to be destroyed under the procedure laid down in Bengal army regulations (1880), section 8, paragraph 20.

APPENDIX XLI.

List of returns to be furnished in connection with the military-medical service.

Form Number.	Description.	By whom sent.	To whom sent.	Number of copies to be submitted.	Date of submission.	REFERENCE TO REGULATIONS.	
						Sections.	Paragraphs.
	SECTION I.—MILITARY HOSPITAL FORMS. <i>Annual.</i>						
1	Return of arrivals in—and departures from—the Command of Officers of the Army Medical Department.	Surgeon-General ...	Director-General, Army Medical Department.	1	1st January ...	...	...
2	Report on Executive Medical Officers of the Army Medical Department.	Deputy Surgeon-General.	Surgeon-General ...	1	1st January ...	3	58
2A	Report on Executive Medical Officers of the Indian Medical Service.	Ditto ...	Ditto ...	1	Ditto ...	3	58
3	Confidential report on Medical Subordinates.	Medical officer in charge.	Surgeon-General, through Deputy Surgeon-General.	{ 1 }	1st October, Apothecary class.	3	58
					1st April, Hospital Assistant class.	4	58

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4	Report of examination of candidates for Subordinate Medical Department, Hospital Assistant class.	Deputy Surgeon-General.	Surgeon-General	...	1	Punjab, 15th April ... Bengal, North-Western Provinces, Oudh, and Central Provinces, 15th May.	5	107
5	Requisition for Clothing for Hospital Apprentices.	Medical officer in charge.	Superintendent and Agent for Army Clothing.		2	1st April for Hospital Apprentices in the service, and on joining for those newly appointed.	5	44
6	Requisition for Clothing for Medical Pupils.	Ditto	Ditto	...	2	1st April for Medical Pupils in the service, and on joining for those newly appointed.	5	132
7	Inspection Report on Barracks and Hospitals.	Deputy Surgeon-General.	Surgeon-General	...	1	After annual inspection.	3	49
8	General return of sick and wounded in the Command.	Surgeon-General	Director-General, Army Medical Department.		1	With M. H. F. No. 10.	...	...
9	Nominal return of deaths of men belonging to other Commands.	Ditto	Surgeons-General, Her Majesty's Forces, Madras and Bombay.		2	31st January	...	...
10	Return of sick and wounded, <i>British Troops</i> .	Medical officer in charge.	Surgeon-General, through Deputy Surgeon-General		2	Not later than the 31st January.	18	69--71
11	Return of sick and wounded, <i>Native Troops</i> .	Ditto	Ditto	...	1	Ditto	18	69--70

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Returns.

APPENDIX XLI.—List of returns to be furnished in connection with the military-medical service—continued.

Form Number.	Description.	By whom sent.	To whom sent.	Number of copies to be submitted.	Date of submission.	REFERENCE TO REGULATIONS.	
						Sections.	Paragraphs.
12	<i>Annual</i> —concluded. Sanitary sheet, <i>Native Troops</i> ...	Medical officer in charge.	Surgeon-General, through Deputy Surgeon-General.	1	With M. F. H. 11. ...	18	78
13	Requisition for blank Forms and Books.	Deputy Surgeon-General and Medical officer in charge.	Government Printing, through Deputy Surgeon-General.	1	1st April, 1st October and 1st November.	11	132
14	Emergent requisition for blank Forms and Books.	Ditto ...	Ditto ...	1	When necessary ...	11	133
15	Return of Vaccination ...	Medical officer in charge.	Surgeon-General, through Deputy Surgeon-General.	1	31st March ...	17	102
16	<i>Half-yearly.</i> Report of examination of candidates for Subordinate Medical Department, Apothecary class.	Deputy Surgeon-General.	Surgeon-General ...	1	15th April and 15th October.	5	16
17	Report of examination of Hospital Assistants qualified for advancement.	President of Board...	Surgeon-General, through Deputy Surgeon-General.	1	Ditto ...	5	146

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18	Examination certificate for Hospital Assistants qualified for advancement.	Surgeon-General ...	Hospital Assistant concerned, under cover to Deputy Surgeon-General.	1	15th April and 15th October.	5	146
19	English qualification certificate for Hospital Assistant class.	Medical officer in charge.	Surgeon-General, through Deputy Surgeon-General. Subordinate concerned ...	1 } 1 }	Ditto ...	5	136
20	Report of examination of Hospital Apprentices.	President of Board...	Surgeon-General, through Deputy Surgeon-General.	1	Ditto ...	5	30
21	Report of examination of Medical Pupils.	Medical officer in charge.	Ditto ...	1	Ditto ...	5	123
22	Requisition for Medical Store Dépôt supplies. (<i>Annually for Native Troops.</i>)	Medical officer in charge.	Medical Storekeeper, through Deputy Surgeon-General.	1	<i>British.</i> 1st January and 1st July. <i>Native.</i> 1st February for troops at Shillong, and 1st May for all others.	11	36
23	Emergent requisition for Medical Store Dépôt supplies.	Ditto ...	Ditto ...	1	When necessary ...	11	44
24	Survey Report on Surgical Equipment.	Ditto ...	{ Examiner, Medical Accounts. Executive Commissariat Officer.	1 1	1st April and 1st October. When articles are to be sold.	11	47

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Returns.

APPENDIX XLI.—List of returns to be furnished in connection with the military-medical service—continued.

Form Number.	Description.	By whom sent.	To whom sent.	Number of copies to be submitted.	Date of submission.	REFERENCE TO REGULATIONS.	
						Sections.	Paragraphs.
25	<i>Half-yearly</i> —concluded. Return of Surgical Equipment ...	Medical officer in charge.	Examiner of Medical Accounts.	1	1st April and 1st October.	11	55
26	<i>Quarterly</i> . Return of Subordinate Medical Establishment under the orders of the Surgeon-General, Her Majesty's Forces.	Surgeon-General ...	Adjutant-General in India	1	1st January, 1st April, 1st July and 1st October.	...	...
27	General Return of Medical Subordinates, Apothecary class.	Deputy Surgeon-General.	Surgeon-General ...	1	Ditto	...	...
28	Return of Medical Subordinates, Apothecary class.	Medical officer in charge.	Deputy Surgeon-General...	1	Ditto	...	...
29	General Return of Medical Subordinates, Hospital Assistant class.	Deputy Surgeon-General.	Surgeon-General ...	1	Ditto	...	...
30	Return of Medical Subordinates, Hospital Assistant class.	Medical officers in charge.	Deputy-Surgeon-General	1	Ditto	...	...

Returns.					[Appendix XLI.]		
		President of Board ...	Surgeon-General, through Deputy Surgeon-General.	1	15th January, 15th April, 15th July and 15th October.	5	73
31	Report of Examination of Warrant Medical Officers qualified for promotion, or for increased rate of pay.						
32	Examination certificate for Warrant Medical Officers qualified for promotion.	Surgeon-General ...	Warrant Officer concerned, under cover to Deputy Surgeon-General.	1	When necessary ...	5	73
33	Examination certificate for Warrant Medical Officers qualified for increased rate of pay.	Ditto ...	Ditto ...	1	Ditto ...	5	73
34	Return of Officers of the Army Medical Department, struck off the Indian Establishment.	Ditto ...	Adjutant-General in India	1	1st January, 1st April, 1st July and 1st October.	...	...
35	.....	.....	.....	...	.....	...	...
	<i>Monthly.</i>						
36	Return of admissions and deaths of unhealthy corps.	Surgeon-General ...	Adjutant-General in India	1	.....	...	...
37	General Return of officers of the Army Medical Department.	Ditto ...	Director-General, Army Medical Department.	1	.....	...	...
38	General Return of Medical Officers serving in Divisions and Districts.	Deputy Surgeon-General.	Surgeon-General ...	1	1st of each month ...	4	34
39	Return of recruits, <i>Native Troops</i>	Medical Officer in charge.	Ditto, through Deputy Surgeon-General.	1	Ditto ...	14	34

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Returns.

APPENDIX XLI.—List of returns to be furnished in connection with the military-medical service—continued.

Form Number.	Description.	By whom sent.	To whom sent.	Number of copies to be submitted.	Date of submission.	REFERENCE TO REGULATIONS.	
						Sections.	Paragraphs.
	<i>Monthly</i> —continued.						
40	Nominal Roll of Administrative Medical Officers, Her Majesty's Forces.	Surgeon-General ...	Adjutant-General in India	1	1st of each month ...	...	...
41	Nominal Return of Officers of the Army Medical Department.	Deputy Surgeon-General.	Examiner, Pay Department.	1	Ditto	...	...
42	General Return of sick of the Command, <i>British Troops</i> .	Surgeon-General ...	Director-General, Army Medical Department.	1	.....	...	...
43	<i>Weekly</i> . Abstract Sick Return, <i>Field Service</i>	Principal Medical officer.	General Officer Commanding.	1	Saturday morning ...	18	83
44	Sick Return, <i>Field Service</i> ...	Medical officer in charge.	{ Principal Medical Officer Surgeon-General ...	1 } 1 }	Ditto	18	82
45	Station Sick Return, <i>British Troops</i>	Ditto ...	Surgeon-General, through Deputy Surgeon-General.	1	Ditto	18	62
46	Regimental Sick Return, <i>Native Troops</i> .	Ditto ...	Ditto	1	Ditto	18	60

Returns.						[Appendix XLI.					
47	General Return of cases of cholera, <i>British Troops.</i>	Surgeon-General ... {	Adjutant-General in India Director-General, Army Medical Department.	1 1	.....	...	...	...	...	...	...
48	<i>Daily.</i> Morning state of cholera ...	Medical officer in charge. {	Officer Commanding corps for the information of the Officer Commanding the Station. Deputy Surgeon-General for transmission to the Surgeon-General.	1 1	8 o'clock A.M. when necessary.	17	84	...	...	...	...
49	<i>Occasional.</i> Return of services of an Officer of the Army Medical Department.	Medical officer ...	Circle Paymaster ...	1	Obtained from Sur- geon-General on application.	...	...	...	...	...	...
50	Proceedings of a Medical Board for sick leave.	President of Board {	Surgeon-General ... Officer concerned ... (through Deputy Surgeon- General)	1 2	When necessary ...	13	12	...	...	...	...
51	Attestation document of a Hospital Apprentice.	Medical officer in charge. {	Surgeon-General, through Deputy Surgeon-General. Circle Paymaster ... Hospital Apprentice con- cerned.	1 1 1	Ditto With pay bill	5	22	...	...	...	...
52	Attestation document of a Native Medical Pupil.	Ditto ... {	Surgeon-General, through Deputy Surgeon-General Medical Pupil concerned	1 1	When necessary ...	5	112

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Returns.

APPENDIX XLI.—*List of returns to be furnished in connection with the military-medical service—continued.*

Form Number.	Description.	By whom sent.	To whom sent.	Number of copies to be submitted.	Date of submission.	REFERENCE TO REGULATIONS.	
						Section.	Paragraphs.
53	<i>Occasional—continued.</i> Transfer Return of Medical Subordinates.	Medical officer in charge	Medical Officer in charge of hospital or corps to which transferred, through Deputy Surgeon-General.	1	When necessary ...	5	177
54	Descriptive Roll of Native Medical Pupils.	Ditto	To Principal of College, through Deputy Surgeon-General and Surgeon-General.	1	Ditto	...	...
55	Casualty Report of Medical Subordinates.	Ditto	Surgeon-General, through Deputy Surgeon-General.	1	Ditto	5	172
56	Transfer Receipt of Medical Store Dépôt Supplies.	Ditto	Examiner of Medical Accounts. Receiving Medical Officer Delivering Ditto ..	1 } 1 } 1 }	Ditto	8	50
57	Transfer Receipt of Furniture and Supplies	Ditto	Receiving Medical Officer Delivering Ditto ..	1 } 1 }	Ditto	8	50
58	List of Surgical Equipment returned to the Medical Store Dépôt.	Ditto	Medical Storekeeper ...	3	2 by post, and 1 enclosed in packing case.	11	50

Returns. [Appendix XLI.

59	Scale of Hospital Diets, <i>British Troops</i>	.....	...	.....	1	For each ward	...	9	4
60	Hospital Rules ...	.....	...	.....	1	Ditto	...	...	...
61	Clinical Chart ..	.....	...	.....	1	For case book	...	...	...
62	Record of service of Medical Subordinates, Hospital Assistant class.	.....	...	.....	...	Filed in Surgeon-General's Office.	...	...	...
63	Health Certificate of troops proceeding home, <i>British Troops</i> .	Medical officer in charge		Commandant, Deolali Depôt, through Officer Commanding.	1	During the journey to Deolali.	16	59—60	
64	Return of Invalids, <i>British Troops</i>	President of Board	{	Medical officer proceeding with invalids. Commandant, Deolali Depôt	1 } 1 }	When necessary	...	15	14
65	Detailed Medical History, <i>British Troops</i> .	Ditto	{	Medical officer proceeding with invalids. Officer Commanding Corps	1 } 1 }	Ditto	...	15	17
66	Statement of case of an Insane, <i>British Troops</i> .	President of Board	{	Medical officer proceeding with invalids. Officer Commanding Corps	1 } 1 }	When necessary with M. H. F. 50 and 65.	...	15	40, 42 & 44
67	Warrant for the admission of an Insane into an Asylum.	Surgeon-General	...	Superintendent of Asylum, under cover to Deputy Surgeon-General.	1	When necessary	...	15	50, 54
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Returns.

APPENDIX XLI.—List of returns to be furnished in connection with the military-medical service—continued.

Form Number.	Description.	By whom sent.	To whom sent.	Number of copies to be submitted.	Date of submission.	REFERENCE TO REGULATIONS.	
						Sections.	Paragraphs.
69	<i>Occasional</i> —concluded. Roll of convalescents proceeding to Hill Depôts, <i>British Troops</i> .	Medical officer in charge	Medical officer in charge of Depôt.	1	When necessary ...	12	10
70	Field service medical certificate ...	.....	.....	...	.....	17	61
71	Cholera Report and Register ...	Medical officer in charge	Surgeon-General, through Deputy Surgeon-General.	1	When necessary ...	17	App. C. 73.
72	Casualty Report ...	Ditto	Ditto	1	Ditto with weekly sick return.	18	66
73	Death report, <i>British Troops</i> ...	Ditto	For Chaplain For Brigade-Major	1 } 1 }	Through Officer Commanding Corps	8	132
74	Medical History Sheet ...	Ditto	Surgeon-General, through Deputy Surgeon-General. With invaliding documents Officer Commanding or Head of Department.	1 1 1	With weekly sick return When invalided ... Otherwise ...	18	50
75	Return of useless records ...	Medical Officer in charge and Deputy Surgeon-General.	Surgeon-General, through Deputy Surgeon-General.	1	When necessary ...	18	86A

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77	Names of individuals admitted into, and discharged from, hospital, &c., <i>British Troops</i> .	Medical officer in charge.	Officers Corps.	Commanding	1	Daily ...	8	152	...
78	Record of service of medical subordinates, Apothecary class.	.....	...	...	...	Filed in Surgeon-General's office ...	...	...	...
79	Roll of native officers, medical subordinates, and soldiers recommended for sick leave.	Medical Officer in charge ...	<i>Native Officers and Soldiers.</i> Officer Corps ... <i>Native Medical Subordinates.</i> Officer Corps. Commanding Surgeon-General, through Deputy Surgeon-General.	1 } 1 } 1 }	1 } 1 } 1 }	When necessary ...	13	21	...
80	Weekly return of venereal disease	Ditto	Secretary, Cantonment-Committee.	Cantonment-...	1	Every Saturday ...	17	81	...
1	SECTION II.—ARMY HOSPITAL CORPS FORMS. Attestation Document ...	Medical officer in charge ...	Deputy Surgeon-General... Surgeon-General, through Deputy Surgeon-General.	Deputy Surgeon-General... Surgeon-General, through Deputy Surgeon-General.	1 } 1 }	On the attestation of recruits.	6	21	...
2	Extract from Long Roll and Record of Service.	Ditto ...	Surgeon-General, through Deputy Surgeon-General. Medical officer in charge, through Deputy Surgeon-General.	Surgeon-General, through Deputy Surgeon-General. Medical officer in charge, through Deputy Surgeon-General.	1 } 1 }	Ditto In case of transfers...	... 6	... 119	...

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APPENDIX XLI.—List of returns to be furnished in connection with the military-medical service—continued.

Form Number	Description.	By whom sent.	To whom sent.	Number of copies to be submitted.	Date of submission.	REFERENCE TO REGULATIONS.	
						Sections.	Paragraphs.
3	ARMY HOSPITAL CORPS FORMS—continued. Extract from the Hospital Defaulter Book ...	Medical officer in charge.	Medical officer in charge, through Deputy Surgeon-General.	1	In case of transfers...	6	119
4	Crime Form ...	Ditto	Surgeon-General, through Deputy Surgeon-General.	1	For entry in corps' defaulter book ...	6	116
5	Monthly Return ...	Ditto and Deputy Surgeon-General.	Deputy Surgeon-General... Surgeon-General	1 1	1st of each month ... Not later than the 7th of each month ...	6	118
6	Promotion Roll ...	Deputy Surgeon-General	Surgeon-General	1	When necessary ...	6	26
7	...	...	...	...	...	...	...
8	Requisition and Size Roll for Clothing.	Deputy Surgeon-General	Superintendent and Agent for Army Clothing.	2	On 1st October for Hospital-attendants in the service, and on joining for those newly attested.	6	92

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9	Descriptive Roll	Ditto	...	Surgeon-General, through Deputy Surgeon-General.	1	With application for discharge of Hospital-attendants.	6	57
SECTION III.—MEDICAL COMMISSARIAT FORMS.										
1	Bed-head Diet Sheet, <i>British Troops</i>			Medical Officer in charge	...	Examiner of Commissariat Accounts, through Deputy Surgeon-General.	1	Monthly, with M. C. F. 3.	9	47—8
2	Daily diet requisition, <i>British Troops</i>			Ditto	...	Purveyor	1	Daily	9	49
3	Monthly Diet Return, <i>British Troops</i> .			Medical officer in charge.	...	Through Deputy Surgeon-General. Examiner of Commissariat Accounts Executive Commissariat Officer	1	Monthly	9	51
4	Requisition for Hospital Supplies			Ditto	...		2	1st January, 1st April, 1st July and 1st October.	11	100a
5	Certificate of tinning, leeches, plantain leaves, and broken bottles.			Ditto	...	Ditto	2	Monthly	11	98
6	Requisition for Petty Supplies			Ditto	...	Ditto	2	Ditto	11	100a
7	Certificate of expenditure of oil and cotton wicks, <i>British Troops</i> .			Ditto	...	Ditto	2	Ditto

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APPENDIX XLI.—List of returns to be furnished in connection with the military-medical service—continued.

Form Number.	Description.	By whom sent.	To whom sent.	Number of copies to be submitted.	Date of submission.	REFERENCE TO REGULATIONS.	
						Sections.	Paragraphs.
8	MEDICAL COMMISSARIAT FORMS—continued. Requisition for Oil and Cotton wicks, <i>Native Troops</i> .	Medical officer in charge	Executive Commissariat Officer, through Deputy Surgeon-General.	2	Monthly ...	11	129
9	Requisition for Equipment, <i>Native Troops</i> .	Ditto	Ditto	2	1st January and 1st July.	11	75
10	Survey Report on Equipment, <i>Native Troops</i> .	Ditto	Ditto	2	With M. C. F. 9 ...	11	75
11	Survey Report on Supplies ...	Ditto	Through Senior Medical Officer. Officer Commanding Station Executive Commissariat Officer	1 1	When necessary ...	11	104
12	Requisition for hot-weather Establishment.	Ditto	Executive Commissariat Officer, through Deputy Surgeon-General. Paymaster ...	2 1	Ditto ...	10	53 & 63
13	Requisition for Transport ...	Ditto	Executive Commissariat Officer, through Deputy Surgeon-General.	2	Ditto ...	16	25

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	Certificate for Extra Carriage ...	Ditto ...	Ditto	Ditto	...	2	With M. C. F. 13 ...	16	40
14	Certificate for Extra Carriage ...	Ditto	Ditto	...	Ditto	...	2	With M. C. F. 13 ...	16	40
15	Review Certificate of Transport ...	Ditto	Ditto	...	Ditto	...	2	Monthly	16	45
16	Emergent Requisition ...	Ditto	Ditto	...	Ditto, through Deputy Surgeon-General.	...	2	When necessary	...	...
...	SECTION IV.—PUBLIC WORKS DEPARTMENT FORMS, OBTAINABLE FROM THE EXECUTIVE ENGINEER.									
...	Indent for furniture ...	Medical officer in charge.	Medical officer in charge.	...	Executive Engineer	...	1	1st October	11	63
...	Requisition for repairs to furniture	Ditto	Ditto	...	Ditto	...	1	Monthly	8	12
7	Requisition for petty repairs to buildings.	Ditto	Ditto	...	Ditto	...	1	Ditto	8	12
...	SECTION V.—ORDNANCE DEPARTMENT FORMS, OBTAINABLE FROM ARSENALS.									
146	Requisition for Ordnance Stores ...	Medical officer in charge.	Medical officer in charge.	...	Ordnance officer, through Deputy Surgeon-General.	...	2	1st January and 1st July.	11	135
148	Delivery and Receipt Vouchers ...	Ditto	Ditto	...	Ordnance Officer	...	2	When necessary	11	139
246	Return of Ordnance Stores ...	Ditto	Ditto	...	Examiner, Ordnance Accounts.	...	1	1st April	11	136

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APPENDIX XLI.—List of returns to be furnished in connection with the military-medical service—continued.

Form Number.	Description.	By whom sent.	To whom sent.	Number of copies to be submitted.	Date of submission.	REFERENCE TO REGULATIONS.	
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A 2	SECTION VI.—ARMY FORMS. Proceedings of Boards ...	Medical officer in charge.	Surgeon-General, through Deputy Surgeon-General.	1	1st April ...	11	42 & 44
B115	Declaration of Court of Enquiry ...	President of Board ...	Surgeon-General, through Deputy Surgeon-General.	1	Desertion of Hospital-attendants.	...	...
B116	Application for Court-Martial ...	Deputy Surgeon-General.	General Officer Commanding	1	When necessary ...	...	...
B182	Return of sick on board-ship, <i>British Troops</i> .	Medical officer in charge.	Principal Medical Officer at port of disembarkation.	1	Ditto ..	16	48
5	SECTION VII.—BENGAL FORMS. Last Pay Certificate, <i>Army Hospital Native Corps</i> .	Medical officer in charge.	Medical officer in charge...	1	On transfer of a Hospital-attendant.	6	119
6	Muster Roll and Pay-list of the Army Hospital Native Corps.	Ditto ...	Circle Paymaster Surgeon-General, through Deputy Surgeon-General.	1 1	} Last day of each month.	6	117
7	Roll of a Hospital Assistant unfit for further service and recommended for transfer to the pension establishment.	President of Board...	Ditto ...	1	When necessary ...	5	151

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9	Morning state of sick ..	Medical officer in charge	Officer Commanding ...	1	Daily	...	8	46
38	Roll of Hospital stoppages ...	Ditto ...	Paymaster of Corps ...	1	Last day of each month		8	138
38A	Inner sheet ditto ...	Ditto ...	.....	...	....		...	...
96	Application for Pension or Gratuity, <i>Inferior Servants</i> .	Ditto ...	Controller of Military Accounts, through Deputy Surgeon-General.	1	With service-book ...		10	37
122	Pay-bill of Commissioned and Staff Officers.	Officer concerned ...	Paymaster ...	1	Monthly	...	...	...
129	Bill for miscellaneous charges ...	Ditto ...	Ditto	1	When necessary	...	...	...
129A	Bill for contingent charges ..	Ditto ...	Ditto	1	Ditto	..	...	...
133	Last pay certificates of officers ..	Medical officer in charge.	Officer concerned	1	Ditto	...	...	...
144	Roll of family remittances ...	Officer concerned ...	Paymaster ...	1	Ditto	...	...	...
157	Pension list of men for whom the authorised advance of six months' pension is required, <i>Army Hospital Native Corps</i> .	Medical officer in charge.	Hospital-attendant concerned.	1	Ditto	...	6	75
161	Bill for compensation for dearness of provisions, <i>Hospital Assistants</i> .	Ditto ...	Paymaster	1	Monthly

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APPENDIX XLI.—List of returns to be furnished in connection with the military-medical service—continued.

Form Number.	Description.	By whom sent.	To whom sent.	Number of copies to be submitted.	Date of submission.	REFERENCE TO REGULATIONS.	
						Sections.	Paragraphs.
166	ARMY FORMS—continued. Compensation for dearness of provisions for women sweepers and doolie bearers.	Medical officer in charge	Paymaster	1	Monthly	...	...
166A	Compensation for dearness of provisions, <i>Army Hospital Native Corps.</i>	Ditto	Ditto	1	Ditto	1	...
172	Bill for service postage labels	Officer concerned	Ditto	1	When necessary	1	...
173	Indent for service postage labels	Ditto	Treasury office	1	Ditto	...	...
174	Particulars of receipts of service postage labels.	Filed in office	Filed in office	...	.....	18	25
175	Postage account book	Ditto	Ditto	...	.....	18	25
176	Muster Roll and pay list of temporary establishment for punkah-pulling and tattie-watering.	Medical officer in charge.	Paymaster	1	Monthly	10	62
203	Claim for travelling expenses	Officer concerned	Ditto	1	When necessary

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249	Muster roll of Subordinate Medical and Permanent Hospital establishments.	Medical officer in charge.	Ditto in { Examiner, Pay ment. ... Depart- ...	1 1	Monthly Ditto	... }
250	Pay Abstract of Subordinate Medical and Permanent Hospital establishments.	Ditto ...	Ditto ...	1	Ditto with B.F. 249	...	...
338	Native Invalid Pension Roll, <i>Army Hospital Native Corps.</i>	Ditto ...	Ditto ...	1	When necessary	{ ... }	152 74
339	Native Invalid Pension Parchment Certificate, <i>Army Hospital Native Corps.</i>	Medical officer in charge.	Examiner, Pay Depart- ment.	1	Ditto	{ ... }	153 74
380	Application for Leave of Absence for an Officer of the Indian Army.	Officer concerned	Surgeon General, through Deputy Surgeon-General.	1	Ditto	{ ... }	84 37
381	Application for Leave of Absence for an Officer of the British Army.	Ditto ...	Ditto ...	1	Ditto	{ ... }	84 37
383	Application for Leave in India, <i>Medical Subordinates, Apothecary class.</i>	Medical officer in charge.	Ditto	1	Ditto	5	52
390	Precautions to be taken against fire.	.....	.....	...	To be nailed up on wall of buildings.	8	26
398	Descriptive Roll, <i>Army Hospital Native Corps.</i>	Medical officer in charge.	Civil officer of district.	2	On enlistment of recruit.	6	23A

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APPENDIX XLI.—List of returns to be furnished in connection with the military-medical service—continued.

Form Number.	Description.	By whom sent.	To whom sent.	Number of copies to be submitted.	Date of submission.	REFERENCE TO REGULATIONS.	
						Sections.	Paragraphs.
405	BENGAL FORMS—continued. Roll of a Warrant Officer of the Subordinate Medical Department unfit for further active service and recommended to be transferred to the Pension Establishment.	Medical officer in charge.	Surgeon-General, through Deputy Surgeon-General.	1	When necessary ...	5	94 & 96
442	Application for Furlough, Officers...	Ditto ...	Ditto ...	1	When necessary ...	{ 3 4	84 37
442B	Application for Furlough, Warrant Officers, Subordinate Medical Department.	Ditto ...	Ditto ...	1	Ditto ...	5	52
451	Indent on the Commissariat Department for bedding, <i>Hospital Apprentices</i> .	Ditto ...	Commissariat Department, through Deputy Surgeon-General.	2	1st September ...	5	39
479	Discharge Certificate, <i>Army Hospital Native Corps</i> .	Ditto ...	Surgeon-General, through Deputy Surgeon-General.	1	When necessary ...	6	58
481	Bed-head Ticket, <i>Native sick</i>	To be hung up at bed-head of patient.	8	189

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483	Soldiers' Pass, <i>Army Hospital Native Corps.</i>	Medical officer in charge	Hospital-attendant concerned.	1	When necessary
487	Invalid Roll, <i>Army Hospital Native Corps.</i>	Ditto	Surgeon-General, through Deputy Surgeon-General.	1	When necessary	...	66
497	Review Certificate of Hackeries, &c., Transport Charges, Hire of Hackeries, &c.	Ditto	Commissariat Department.	2	Monthly, when necessary.	...	...
499	Monthly ration return	Ditto	Commissariat Department, through Principal Medical Officer.	2	Monthly	...	52
502	Claims for compensation of bedding, <i>Hospital Apprentices.</i>	Ditto	Examiner of Commissariat Accounts.	2	When necessary	...	40
518	Requisition and Board of Survey on great-coats and cloaks.	Ditto	Superintendent and Agent for Army Clothing.	2	1st October	...	42
522	Railway Warrant Form C (Book Form).	Deputy Surgeon-General.	Medical Subordinate or Hospital-attendant concerned.	1	Ditto	...	71
535	Muster Roll and Pay Abstract of Establishments, attached to Hospitals paid by the Commissariat Department.	Medical officer in charge.	Commissariat Department.	2	Monthly	...	...
638	Descriptive Roll of deserters, <i>Army Hospital Native Corps.</i>	Ditto	Surgeon-General, through Deputy Surgeon-General.	1	When necessary	...	43

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APPENDIX XLI.—List of returns to be furnished in connection with the military-medical service—concluded.

Form Number.	Description.	By whom sent.	To whom sent.	Number of copies to be submitted.	Date of submission.	REFERENCE TO REGULATIONS.	
						Sections.	Paragraphs.
677	BENGAL FORMS—concluded. Certificate of last bedding, <i>Hospital Apprentices</i> .	Medical officer in charge.	Commissariat Department.	1	With Indent B. F. 451.	5	39
697	Medical Certificate of Prisoners, <i>Native Troops</i> .	Ditto	Officer commanding	1	When necessary	4	67
709	Last Pay Certificate, <i>Army Hospital Native Corps Pensioners</i> .	Ditto	Individual concerned	1	Ditto	6	75
737	Proceedings of a Board of Survey for the purpose of examining and reporting upon clothing received from Clothing Department.	President of Board...	Surgeon-General, through Deputy Surgeon-General.	1	Ditto	6	93
421	SECTION VIII.—PRESS FORMS. Requisitions with Size Roll for Uniform, <i>Warrant Officers only</i> .	Medical officer in charge.	Superintendent and Agent for Army Clothing.	2	1st April	5	91 & 149

APPENDIX XLII.

*Instructions for preparing annual and special sanitary reports.*See section 18,
paragraph 77.

In the preparation of annual or special sanitary reports, medical officers will be guided by the following outline of subjects:—

1. The geological formation.
2. The physical geography and medical topography of the surrounding country.
3. Its features, mountains, valleys, rivers, lakes, marshes, vegetation, natural history, and the diseases, particularly those of the preventable class, prevalent amongst its population.
4. Also its vegetable and animal products, their nature and amount, and their adaptation for furnishing supplies for troops; the sources, quality and quantity of the water-supply, and whether it is wholesome, and what means of purification are in use, if such be necessary.
5. At all stations they should describe the buildings in use for barracks, hospitals, guard-rooms and cells, as regards their position, exposure, elevation above the sea-level, or above neighbouring low ground, or lake, or river banks; their distance from sea, lakes, or rivers; the number of men they are capable of containing according to regulation, and the numbers in them; their structure, drainage, means and sufficiency of ventilation; materials of which they are built; the number, length, breadth and height of rooms and wards; the numbers and position of windows and doors; the average monthly cubic space each man has had in barracks, guard-rooms, cells, and hospitals; state of cleanliness, within and without the buildings; and whether the walls are sufficiently limewashed.
6. Means of lighting and warming; nature and amount of fuel.
7. Baths and lavatories, their condition, and if sufficient for cleanliness for troops and sick; whether there are bathing parades, and how often a week.
8. Kitchen and cooking utensils for barracks and hospitals, whether sufficient for a variety of cooking.
9. The amount and sufficiency of barrack accommodation for married soldiers, and the state of their quarters.
10. The sanitary state of latrines and urinals, whether they are flushed or emptied by hand, and at what interval of time; also of water-closets, ashpits, stables, &c.
11. The nature and composition of rations, whether sufficient and sufficiently varied, and what facilities are afforded by the station for varying them: what fresh or preserved vegetables are used, and their average daily amount; whether the ration includes tea, coffee, or cocoa.
12. The nature and qualities of fruits and vegetables obtainable and in use, and their effects on health.
13. Whether rations and diets are properly cooked by roasting, boiling, baking, &c.
14. The quality of bread or of biscuit, and the amount of either in the rations.
15. The spirits, beer, or other liquors used by the troops, their quality and effect on health.
16. Similar information as to hospital diets, and a statement of any changes made in them on account of the character or kind of supplies available.
17. Whether the clothing of the troops is sufficient and adapted for the climate, and if not, to state what improvements might be made.
18. The nature of the bedding and whether sufficient.
19. The nature and amount of duty or labour performed by troops and their influence on health; drills how often, and at what hours they take place; length of marches and at what hours.

Appendix XLII.]

Sanitary Report.

APPENDIX XLII.—*Instructions for preparing annual and special sanitary reports—concluded.*

20. The proportion of nights in bed to those on duty.
21. Gymnastics, amusements, and recreations in use, and if conducive to health.
22. State of canteens, size and state of ventilation of rooms, and quality of provision and liquors sold in them; whether the canteens are under proper regulations; whether disease is traceable to articles sold in them.
23. Amount of intemperance and of crime and disease directly or indirectly traceable to its effects; also the means in use for repressing intemperance.
24. State of vaccination in the corps and the extent to which it is a preservative against small-pox; whether re-vaccination has been carried out, and the results.
25. General defects in position of station on low ground near marshes requiring drainage.
26. Overcrowding in camps, barracks, huts, tents, or hospitals.
27. Defective drainage and ventilation on camps, barracks, huts, tents, or hospitals.
28. Marshes or wet ground, water-courses, or works of irrigation to windward.
29. River banks.
30. Nuisances, defective cleansing.
31. Want of cleanliness in barracks, huts, or hospitals, and want of lime-washing.
32. Defective drainage of ground near barracks, hospitals, &c.
33. Defective sanitary condition of privies, latrines, water-closets, stables, &c.
34. Monotonous diet, defective diet, salt provisions.
35. Defective clothing.
36. Bad water, especially if polluted by putrescent organic matter.
37. Drunkenness, or use of unwholesome liquors.
38. Nature and description of duties.
39. Heavy rains, or unusual heats, calms.
40. Climatic peculiarities.
41. Prevalence of epidemics, and at what season. Wherever meteorological observations have been taken, their relations, if any, be traced to prevailing or epidemic disease should be stated.
42. The medical officer should endeavour to form an estimate of the relative value of each class of causes which have predisposed the troops to these diseases. He should give a minute account of them, together with a statement of what precautionary measures he recommended, either verbally or in writing, to his commanding officer, and the result of his recommendation.
43. If any diseases have become epidemic or prevailed in the district, he should examine carefully into the history of the disease, and its predisposing causes, and report on these as well as the steps he recommended to protect the troops from an invasion of the disease, with the results.
44. He should state to what extent new arrivals at the station have suffered from disease; also the proportion of acclimatised troops who have been affected, and whether the proportion of attacks and deaths have been greater in young soldiers or in those of more mature age.
45. If cholera has prevailed he should state the measures adopted by him for discovering and treating the disease in its premonitory stages, and the results.
46. If any such diseases as fever, erysipelas, or hospital gangrene have appeared among the sick, *after* they have been admitted into hospital, he should report the history of the occurrence, its causes, the measures adopted to arrest these diseases, and the results.

Packing Mineral Acids.

[Appendix XLIII.

APPENDIX XLIII.

*Instructions for forwarding and packing mineral acids.*See section 11,
paragraph 57A.

Mineral acids, in consignments under 20 maunds, will only be carried at weight charge, under restrictions as follows :—

1st.—They must be in stoneware jars or glass stoppered bottles standing upright in case with sloping covers.

2nd.—The inside packing must be—

With nitric or muriatic acid, chaff, saw-dust mixed with coal or wood ashes, or sand ;

With sulphuric acid, chaff, saw-dust or straw, or sand.

3rd.—Only one kind of acid must be put in each case, and no other goods of any kind.

4th.—The weight of each case must not exceed—

With nitric or muriatic acid, two maunds ;

With sulphuric acid, four maunds.

Letter of advice.

To _____ Clerk,

_____ Station.

Please receive for despatch to _____ station the following cases containing mineral acids, as specified :—

_____ case containing _____ acids, weight _____

To

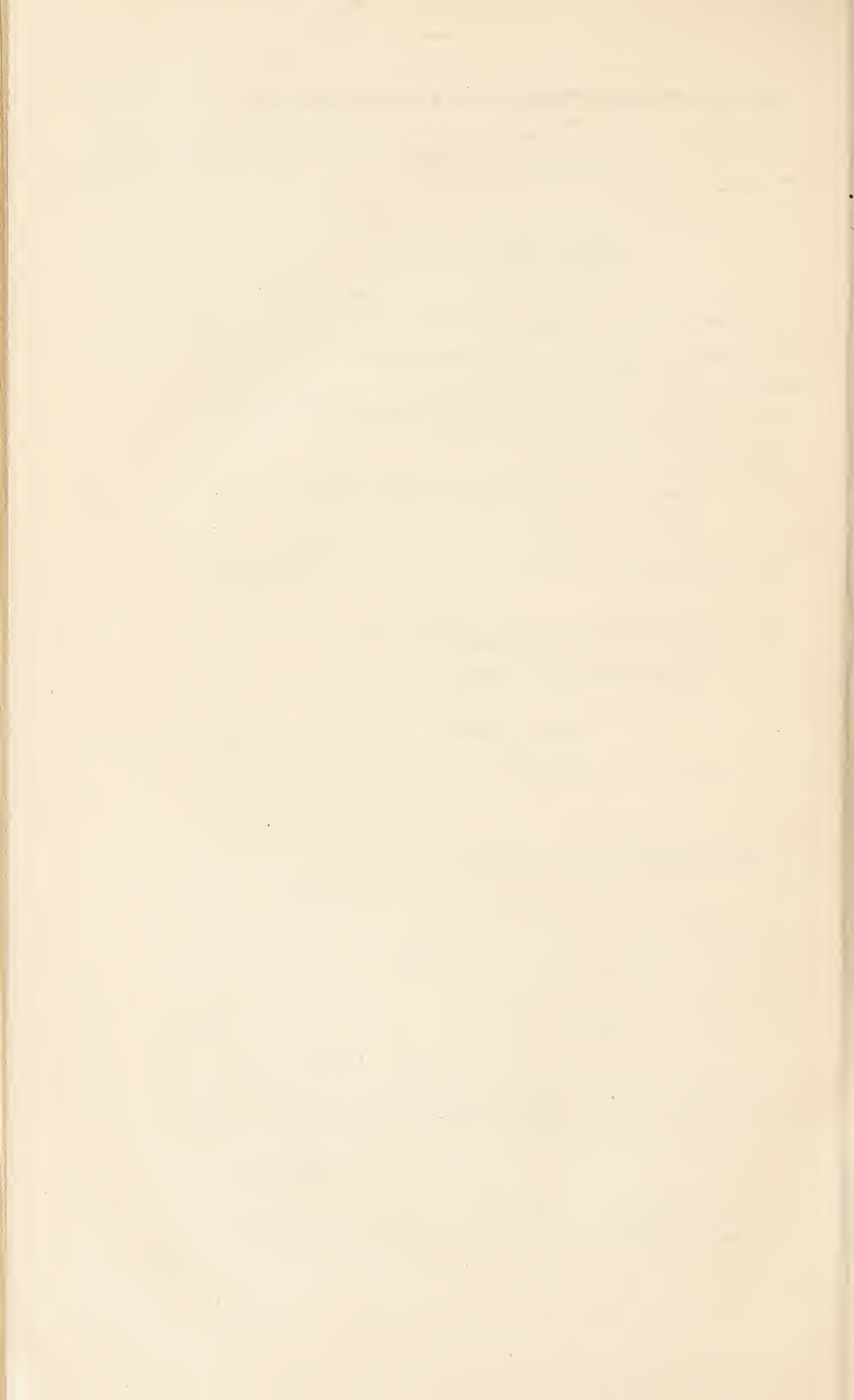
Address.

I hereby declare that these cases are carefully packed in strict accordance with the rules laid down above, the freight of which will be paid here.

_____ Consignor.

_____ 18 .

_____ Address



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